

FILED MAY 23 1942

Registration District No. 309

Primary Registration District No. 4187

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Gentry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry
(c) City or town Gentry
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Fern Phillips

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 28 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>4</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Gentry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Homer Hazelwood
13. Birthplace Gentry County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Grace Summa
15. Birthplace Gentry, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Hazelwood
(b) Address Gentry, Mo.

17. (a) Burial (b) Date thereof 5/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hugginsville

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) May 6-1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 29 1942 to May 4 1942
that I last saw her alive on May 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Pneumonia Septicemia (145)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
1478

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature Charles N. Williams (M.D. or other) DO
Address Gentry Mo Date signed 5-8-42

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00

1108

(Licensed Embalmer's Signature on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed Clifford Bush
.....
Licensed Embalmer No. 3329
.....
P. O. Address Albany, Md
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.