

FILED MAY 21 1942

Registration District No. **473**

Primary Registration District No. **4464**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Pheba Little

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 January 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Perry Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Babyette Little

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 4-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sample Cemetery

18. (a) Signature of funeral director Samuel Wood Co.

(b) Address St. Louis, Mo.

19. 4-3-42 (b) Byrdie S. Bahrmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis

(c) City or town Farmington
(If outside city or town limits, write "RURAL")

(d) Street No. 315 Overton
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from April 2
_____, 1942, to April 3, 1942

that I last saw her alive on April 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Duration 3 weeks

Due to Cardiovascular disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature N. W. Lawrence (M. D. or other) _____

Address Farmington, Mo. Date signed April 3, 1942

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

94
4
1

RECEIVED

District Health Officer No. 4
District File Number 5-42-585
Date Filed 5-13-52

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, mo

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.