S. No. 2
DM—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21238

State File No.

FILED JUL 6 1943

Registration District No. 98

Primary Registration District No. 5365

Registrar's No. 71

1. PLACE OF DEATH:

(a) County DAVIESS

(b) City or town Rural Lincoln twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #5, Trenton Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 77 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Rural Lincoln twp.
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #5, Trenton, Mo
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Nancy Elizabeth Phillips

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W. J. Phillips

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Oct (Month) 15 (Day), 1865 (Year)

8. AGE: Years 77 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Grundy Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name James Hooper
13. Birthplace [illegible] (City, town, or county) [illegible] (State or foreign country)

MOTHER
14. Maiden name Emily Graham
15. Birthplace [illegible] (City, town, or county) [illegible] (State or foreign country)

16. (a) Informant Lloyd Philips
(b) Address R.F.D. #5, Trenton Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6.15.43 (Month) (Day) (Year)
(c) Place: burial or cremation burial Foot Edinburg

18. (a) Signature of funeral director Davis Funeral Serv. Mo
(b) Address Trenton Mo

19. (a) 6-13-1943 (Date received local registrar) (b) L. O. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1943 hour 4 pm minute 35 P.M.

21. I hereby certify that I attended the deceased from May 10, 1943, to June 13, 1943, that I last saw her alive on June 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma of Stomach

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. B. Bailey (M.D. or other) O.O.

Address Jamesport Mo Date signed 6-13-43

1084

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 - 1945

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.