No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 30666

Registrar's No. 316

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 Days (Specify whether years, months or days)
In this community: 12 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: New Madrid
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: NEELIE WATER Phillips
3. (b) If veteran, name war: No
3. (c) Social Security No: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: W
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan (Month) 28 (Day) 1867 (Year)
8. AGE: Years 77 Months 7 Days 26 If less than one day hr. min.
9. Birthplace: New Madrid (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
MOTHER FATHER
12. Name: Louis Waters
13. Birthplace: New Madrid (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Virginia Wagner
15. Birthplace: New Madrid (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Arthur Stay
(b) Address: New Madrid. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen
18. (a) Signature of funeral director: Richards and Co
(b) Address: New Madrid Mo.
19. (a) 9-28-44 (Date received local registrar) (b) H.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1944 hour 4:13 minute a.M.
21. I hereby certify that I attended the deceased from 9-12, 1944, to 9-24, 1944, that I last saw her alive on 9/24/44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to:

Due to:

Other conditions: Bronchopneumonia (Hypostatic)
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 938

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: A. Duerth (M. D. or other)
Address: Cape Girardeau Date signed 9/27/44

101 U

(Licensed Embalmer's Statement on Reverse Side)

no

RECEIVED

District Health Officer No. 4

District File Number 1044-4420

Date Filed 10-9-44

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 Leo Hedgspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.