No. 2
I—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34611

State File No.

Registration District No. ~~174~~ 176 Primary Registration District No. 3636 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Greene Lawrence
(b) City or town RFD Mark Twain
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community ALL HER LIFE

2. USUAL RESIDENCE OF DECEASED: Lawrence
(a) State Missouri (b) County Greene
(c) City or town Ash Grove R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dora Hash
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 Married
6. (b) Name of husband ~~or wife~~ Bob Hash
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased 8 (Month) 4 (Day) 1863 (Year)

8. AGE: Years 80 Months 10 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Ebenezer Phillips
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Lucinda Phillips Breeden
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Hugh Hash
(b) Address Ash Grove Mo RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 14 44 (Month) (Day) (Year)
(c) Place: burial or cremation Johns Chapel
18. (a) Signature of funeral director Morris Leiman
(b) Address Ash Grove Mo
19. (a) 9-24-44 (Date received local registrar) (b) Russa Whinery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13 year 1944 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 9, 1944 to June 13, 1944 that I last saw her alive on June 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cystitis	2 weeks

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. M. Clark (M. D. ~~or other~~)
Address Hallsville Date signed 6-14-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1144 1136
Date Filed NOV 13 1944

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 Maude O Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.