

FILED NOV 10 1944
255

Registration District No. _____

Primary Registration District No. 5877

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton (Rural) Powers, Ia
(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)
In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Alton (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy E. Phegley

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 W. T. Phegley 6. (c) Age of husband or wife if alive years 1962

7. Birth date of deceased May 19 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Alton Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER
12. Name Jesse Lane
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Perkins
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Earl Andrews
(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/44 (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cem.

18. (a) Signature of funeral director. Leo Darr

(b) Address Thayer

19. (a) 10/6/44 (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1944 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from 19. to 19. that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture left hip
Pneumonia
Duration: 2 week 2 day

Due to: Scurvy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

Major findings: Of operations: 1952
Of autopsy: 9/1

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: DW Cooper M.D. (M. D. or other) Address: _____ Date signed: 10-11-44

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

1500

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.....

Licensed Embalmer No.....

P. O. Address.....

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.