

S. No. 2
 9-4-41
 5-17-39
 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **34967**

FILED NOV 13 1944

Registration District No. **271**

Primary Registration District No. **5911**

Registrar's No. _____

1. PLACE OF DEATH:
PEMISCOT
 (a) County **HAYTI RURAL**
 (b) City or town **HAYTI RURAL**
 (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 _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **PEMISCOT**
 (c) City or town **HAYTI RURAL**
 (d) Street No. _____
 (e) Citizen of foreign country? _____
 If yes, name country _____

3. (a) PRINT FULL NAME **PHYLIS ANN GRUBBS**
 (b) If veteran, name war **NO**
 (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **OCT.** day **13**
 year **1944** hour **2** minute **30 P.M.**

4. Sex **FEMALE**
 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **SINGLE**
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **JUNE 9 1937**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 26th, 1944** to **Oct. 13th, 1944**
 that I last saw her alive on **Oct. 13th, 1944**
 and that death occurred on the date and hour stated above.

8. AGE: Years **7** Months **4** Days **4**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Acute Nephritis with Uremic poisoning**
 Due to **Acute Malaria remittent type**

9. Birthplace: **PRINCE WICK WEST VIRGINIA**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **SCHOOL GIRL**

Other conditions **None**
 (Include pregnancy within 3 months of death)
 Major findings: Of operations **None**
 Of autopsy **None**

11. Industry or business **SAME**
 12. Name **LONNIE GRUBBS**
 13. Birthplace **KY**
 14. Maiden name **ELIZABETH STEWART**
 15. Birthplace **KY**

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **LONNIE GRUBBS**
 (b) Address **HAYTI MO.**
 17. (a) **BURIAL** (b) Date thereof **10/14/44**
 (c) Place: burial or cremation **HAYTI VALHALLA FUNERAL HOME**
 18. (a) Signature of funeral director **HAYTI MO.**
 (b) Address _____
 19. (a) **11-4-44** (b) **Mrs. J. P. Cole**
 (Date received local registrar) (Registrar's signature)

23. Signature **A. A. Reeker**
 Address **Portageville, Mo.** Date signed **10/14/44**

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

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10-44-268

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.

Not Embalmed

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.