

FILED FEB 13 1945

Registration District No. 270

Primary Registration District No. 2050

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Caruthersville  
(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 \_\_\_\_\_ (Specify whether  
In this community Life \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Hattie Phillips

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: July 10 1888  
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John B. Hendrix

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna B. Hendrix

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Hall

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 1-29-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little prairie cemetery

18. (a) Signature of funeral director W. C. Dean

(b) Address Caruthersville, Mo.

19. (a) 1-29-45 (b) Jessie N. Marsey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Caruthersville 78  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1945 hour 9 minute 11 P. M.

21. I hereby certify that I attended the deceased from Jan 26 1945  
to Jan 27 1945  
that I last saw her alive on Jan 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to Arterio Sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations A & S  
Of autopsy \_\_\_\_\_

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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Luter (M. D. or other) \_\_\_\_\_  
Address Caruthersville Mo. signed \_\_\_\_\_

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

8  
1  
2

1-45-18

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 Neil C. Dean

Licensed Embalmer No. 3941

P. O. Address Carthageville  
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.