

FILED JUN 11 1945

Registration District No. 316

Primary Registration District No. 3061

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.
(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 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River, Missouri 911
(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 Phronia Pettiegrew

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1945 hour 11:17 minute P M.

21. I hereby certify that I attended the deceased from April 26,
1943 to May 3, 1945;
that I last saw her alive on May 3, 1945;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 16 1878
(Month) (Day) (Year)

Immediate cause of death
Chronic Valvular heart leakage.

8. AGE: Years Months Days If less than one day
66 10 17 hr. min.

Due to _____
Due to _____

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

Other conditions hypostatic Pneumonia 4 days
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Evel Dickens

{ 13. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Staples

{ 15. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Eva Parkins
(b) Address Leadington, Mo.

Major findings:
Of operations _____
Of autopsy 92d

17. (a) Burial (b) Date thereof May 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

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? _____

18. (a) Signature of funeral director Garrett Sparks
(b) Address Flat River, Missouri

19. (a) 576/445 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
_____ (c) Means of injury 2

23. Signature Theodore Paul D.D. (M.D. or other)
Address Flat River, Mo. Date signed 5/31/45

Sanitary District Health Officer No. 4
District File Number 645-7
Date Filed 6-7-45

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 Garrett Sparks
Licensed Embalmer No. 4287
P. O. Address Flat River 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.