

Primary Registration District No. 6109

1. PLACE OF DEATH:

(a) County Scottland
(b) City or town Rural Union Miss
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scottland
(c) City or town Rural Union 97
(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 SYLVIA PEARL PHINNEY

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

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

6. (b) Name of husband or wife Virgil Phinney 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased (Month) Feb (Day) 8 (Year) 1899

8. AGE: Years 46 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name William C. Kallett

13. Birthplace Iowa (State or foreign country)

14. Maiden name Marie Dull

15. Birthplace Scottland Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Virgil Phinney

(b) Address Memphis, Mo

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 5-17-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Memphis cemetery

18. (a) Signature of funeral director W. Wayne Sells

(b) Address Memphis Mo

19. (a) May 22, 1945 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1945 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from May 14 1945, to May 15 1945, that I last saw him alive on May 14 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Osteosarcoma of bones of sacrum
Due to pelvis
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy.....

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 2nd
23. Signature E. E. Symmonds (Registrar's signature) Address Memphis Mo Date signed May 22, 1945

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

9000

1093

RECEIVED

District Health Officer No. 10

District File Number 6-45-1009

Date Filed JUN 12 1945

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.