

FILED AUG 5 1946

Registration District No. _____

Primary Registration District No. **5245**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **Chariton**

(b) City or town **Rural Keytesville Twp**
(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) **3**

(d) Length of stay: In hospital or institution **no**
(Specify whether years, months or days) **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**

(c) City or town **Rural NE of Keytesville**
(If outside city or town limits, write "RURAL")

(d) Street No. **Keytesville Twp**
(If rural, give location)

(e) Citizen of foreign country? **no** (Specify whether years, months or days)

If yes, name country _____

3. (a) PRINT FULL NAME **Florence Mae Phillips**

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, **single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **Oct 4 1931**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	14	9	17	hr. _____ min. _____

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

10. Usual occupation **unemployed**

11. Industry or business _____

12. Name **Ross Phillips**

13. Birthplace **Chariton Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Elsie Wright**

15. Birthplace **Chariton Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ross Phillips**

(b) Address **Keytesville**

17. (a) **Rural** (b) Date thereof **7 24 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bennett Cemetery**

18. (a) Signature of funeral director **E. W. Lawrence**

(b) Address **Salisbury Mo**

19. (a) **7-21-46** (b) **E. W. Lawrence**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **21**
year **1946** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **7-21-46** to **7-21-46**
that I last saw her alive on **7-21-46** and that death occurred on the date and hour stated above.

Immediate cause of death **drowned**

Due to **Fell in pond getting bucket of water for chickens**

Due to _____

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

Major findings: Of operations **193.3**

Of autopsy **14**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident - 2!**

(b) Date of occurrence **7-21-46**

(c) Where did injury occur? **Keytesville Chariton Mo**
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **E. W. Lawrence** (M. D. or other) **M. D.**

Address **Salisbury Mo** Date signed **7-21-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-3-16

AUG 7 1916

AUG 1916

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 Chas B Winkelman

Licensed Embalmer No. 3842

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.