

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

30643

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** SEP 18 1946  
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 156

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Catholic Rest Home #  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Mt Vernon 3  
(If outside city or town limits, write "RURAL") 0

(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 Nora Jane Phariss

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 Wilson

6. (b) Name of husband or wife Millard K. Phariss

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

7. Birth date of deceased: March 17 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>24</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Plesent Lewis Hobbs

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

14. Maiden name Marguerite Jane Allen

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

16. (a) Informant Mrs John Heagarty

(b) Address Walttown, Mo.

17. (a) Burial (b) Date thereof Aug-11-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.O.F. Care, Mt Vernon Mo

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon Mo.

19. (a) R. B. Clinton, D. O. (b) R. B. Clinton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10<sup>th</sup>  
year 1946 hour 2:05 PM minute. M.

21. I hereby certify that I attended the deceased from Aug 4, 1946 to Aug 10, 1946  
that I last saw him alive on Aug 9<sup>th</sup>, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to Cerebral hemorrhage with paralysis

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

Duration

7 days

5 yrs

5 yrs

Major findings:  
Of operations none

Of autopsy none 1313

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 .....

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

While at work (Specify type of place) .....

(c) Means of injury I

23. Signature George H. Wood (M. D. or other)

Address Carthage Mo Date signed Aug 14 46

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46-8-724

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.....

*By me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Max L. Fossett*

Licensed Embalmer No. *4252*

P. O. Address *Mt. Vernon, 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.**