

FILED DEC 2 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
2917 Park Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None
(Specify whether years, months or days)

In this community..... 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... ///

(c) City or town..... Coldwater, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No..... N. R. 0
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No) /
If yes, name country.....

3. (a) PRINT FULL NAME Mary Elizabeth Phillis

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female / **5. Color or race** White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife..... William U

6. (c) Age of husband or wife if alive..... 78 years

7. Birth date of deceased..... Nov 9 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>12</u> hr. min.

9. Birthplace..... Clubb Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation..... House Wife
At home

11. Industry or business.....

12. Name..... Owensby

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

14. Maiden name..... Jane White

15. Birthplace..... Clubb Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant..... William Phillis

(b) Address..... Coldwater, Missouri

17. (a) Motor..... **(b) Date thereof**..... 11 / 25 / 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Coldwater, Missouri

18. (a) Signature of funeral director..... A. W. McLaughlin

(b) Address..... 2301 Lafayette Ave

19. (a) NOV 29 1946 **(Date received local registrar)** / J. F. Bredeek **(Registrar's signature)**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 46 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from..... Oct 23 1946, to Nov 21 1946;
that I last saw her alive on Nov 21 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death..... several hemorrhage / 83 / 3 yrs.
Duration..... 3 days

Due to.....

Due to.....

Other conditions..... senile dementia / 3 yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN.....

Major findings:

Of operations.....

Of autopsy.....

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?.....

23. Signature..... Hubert Howard **(M. D. or other)** / 11/22/46
Address..... 3500 Cambridge **Date signed**.....

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 O. W. Cooper
Licensed Embalmer No. 3830
P. O. Address 2301 Lafayette

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.