

FILED APR 4 1947
Registration District No. 372

State File No. _____

Primary Registration District No. 4543

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Seymour
(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 Webster 112
(c) City or town Seymour Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Ethel Phillips
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 1
5. Color or race W
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 Jan. 12 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 28 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name James M. Anally 1
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Isabella McAnally
15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eppie Carriett (daughter)
(b) Address Seymour Mo.

17. (a) Burial (b) Date thereof March 13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Kelly, Ferrell, Bergman
(b) Address Seymour Mo.

19. (a) March 10 (b) Hilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan - 3 1947 to March 10 1947
that I last saw him alive on MARCH 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma ✓
Duration 6 Months
Due to Metastasis of carcinoma 3 months
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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? 2

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature A. J. P. Glee (M. D. or other) M.D.
Address Seymour Mo. Date signed 3/10/47

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 447-391

Date Filed APR 2 1947

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4941
Registrar's No. 9

Registration District No. 372

Primary Registration District No. 4543

1. PLACE OF DEATH:

(a) County Wheeler
(b) City or town Seymour
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Cora E. Phillipis

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

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced and

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

7. Birth date of deceased Jan 12 1912
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. R. Bee (M. D. or other) DO.
Address Seymour Mo Date signed 3/24/47

SUPPLEMENTARY

REPRODUCTION BY INK - MAKE A PERMANENT RECORD

9880

AUG 13 1947

S-12278