No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

2184

State File No.
Primary Registration District No. 6069
Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural, Iron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles southeast of Bismarck
(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 St. Francois 94
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles southeast of Bismarck
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phoebe Clara Eggers
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fem
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Noah Eggers
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July (Month) 27 (Day) 1882 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 5 | 11 | hr. min. |

9. Birthplace Crawford Co. (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Andrew Miller
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Northcutt
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Clarence Eggers
(b) Address Bismarck Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia Mo.
18. (a) Signature of funeral director White & Hill
(b) Address A. White Bismarck Mo.
19. (a) 1-10-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 8th year 1948 hour 10 minute A M.
21. I hereby certify that I attended the deceased from Jany 8, 1948, to Jany 8, 1948 that I last saw her alive on Jany 8, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | |
| Due to Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

83 A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury
23. Signature F. W. Gale (M. D. or other)
Address Bismarck Mo. Date signed 1-9-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 148-95
Date Filed 1-19-48

## 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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.**