

FILED JUL 26 1948

Registration District No. 364

Primary Registration District No. 4533

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Wright City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

3. (a) PRINT FULL NAME

Minnie Phillips

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

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

6. (b) Name of husband John C Phillips 6. (c) Age of husband or wife 55 years alive _____ years

7. Birth date of deceased Sept 6 1895 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Steve Jones 9

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

14. Maiden name Paula Parnell 9

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

16. (a) Informant John C Phillips
 (b) Address Wright City Mo

17. (a) Funeral Home (b) Date thereof June 9/48 (Month) (Day) (Year)
 (c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Frank B. Slater
 (b) Address Hale Mo
 19. (a) July 16 48 (b) Mrs. F. W. Hughes (Registrar's signature) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
 (c) City or town Rural 17
 (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 June day 6
 year 1948 hour 12 minute 05 P.M.
 21. I hereby certify that I attended the deceased from 19 May
 1948, to June 6, 1948;
 that I last saw her alive on 6-8, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Adenocarcinoma of left breast with metastasis
 Duration 4 months

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

Major findings: 50
 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 MI
 23. Signature Layman A. Hoyer (M.D. or other)
 Address Wright City, Mo Date signed 6-6-48

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

2
33
99
97823

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 23 1948

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... *Frank E. Slater*

Licensed Embalmer No. *937*

P. O. Address... *Hale*

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.