

5-43
17-39
X38671

FILED DEC 14 1948

Registration District No. **44**

Primary Registration District No. **4061**

1. PLACE OF DEATH:
 (a) County **Caldwell**
 (b) City or town **Braymer**
(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 **74yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary L. Phillips**
 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 **Widow**
 6. (b) Name of husband or wife **Frank Phillips**
 6. (c) Age of husband or wife if alive **--** years
 7. Birth date of deceased **Mar. 20th, 1858**
(Month) (Day) (Year)

8. AGE: Years **90** Months **7** Days **13**
 If less than one day hr. min.

9. Birthplace **Shilbyville, Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business
 12. Name **Luther Eberspacher**
 13. Birthplace **unk Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Amelica Behler**
 15. Birthplace **unk Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Homer Phillips**
 (b) Address **Braymer, Mo 11-4-48**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **11-4-48**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Griner Cem**

18. (a) Signature of funeral director **Deward F. Neal**
 (b) Address **Braymer, Mo**

19. (a) **11-3048**
(Date received local registrar) (b) **Mrs. Nell B. Jones**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Caldwell** **13**
 (c) City or town **Braymer**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **3**
 year **1948** hour **6** minute **10a.** M.

21. I hereby certify that I attended the deceased from **March 30**, 1948, to **Nov. 3**, 1948;
 that I last saw him alive on **Nov. 2**, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Arteriosclerosis** Duration **many years**
 Due to **Generalized arteriosclerosis** Duration **many years**

Due to _____
 Other conditions **Impure & Rigid Food** (Include pregnancy within 3 months of death) **1 week**
sterility

Major findings: Of operations _____
 Of autopsy **97**
 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? **0**

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature **D. E. Goodberg** (M. D. or other) **M.D.**
 Address **Braymer, Mo** Date signed **11-3-48**

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

MOTHER, FATHER

DISTRICT HEALTH OFFICE
Camden, Mo.

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.....

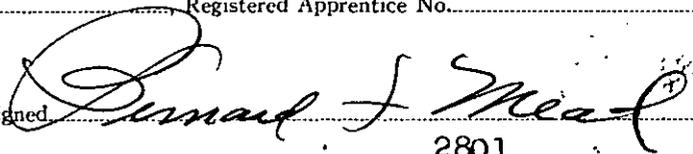
Wayne Hallerman

77

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No..... 2801

P. O. Address.....

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.