FILED APR 23 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11860

State File No.

Registration District No. 609 Primary Registration District No. 5808 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural
(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 Newton
(c) City or town Neosho Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Infant Son of Mr + Mrs Willie Phelan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 30 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. min.

9. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Willie Phelan
13. Birthplace Washington Co. (City, town, or county) Arkansas (State or foreign country)
MOTHER 14. Maiden name Bernice Thurman
15. Birthplace Newton Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature Willie Phelan
(b) Address Neosho, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation County Cemetery
18. (a) Signature of funeral director Barney Thompson
(b) Address Neosho Mo
19. (a) 4-6-40 (Date received local registrar) (b) Orval R. Sale, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1940 hour 2 PM minute PM.
21. I hereby certify that I attended the deceased from Mar 30, 1940 to, 19..; that I last saw him alive on Mar 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature	
Due to Six and one half months	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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23. Signature R C Yancey (M. D. ~~or other~~)
Address Neosho Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-1-39 1 X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Office No. 6,
District File Number 440-1130
Date Filed APR 12 1940

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 Gail R. Gay, Registered Apprentice No. 189, working under my personal supervision.

Signed Carly Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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, above space should be left blank.