

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry 1  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Clinic Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
In this community 54 yrs (Specify whether years, months or days) 412

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St Clair  
(c) City or town Appleton City 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.

8. (a) PRINT FULL NAME JESSE PHELPS

8. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Frost 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept 27 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rural near Boronia Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Phelps 0

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

14. Maiden name Ellen Anderson

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

16. (a) Informant Anna Hauptman

(b) Address Winkles MO

17. (a) Burial (b) Date thereof June 10 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director FRANK LEE

(b) Address Appleton City MO

19. (a) 6-15-40 (b) D. J. R. Hampton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day eight  
year 1940 hour 4:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 18,  
1940, to June 8, 1940.

that I last saw him alive on June 8, 1940,  
and that death occurred on the 8th and hour stated above.

Immediate cause of death Chronic Cholecystitis  
" Hepatitis

Due to \_\_\_\_\_

Due to 181

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

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 3/2 (Specify type of place) \_\_\_\_\_

23. Signature James B. O'Neil (M. D. or other) 3

Address Appleton, Mo. Date signed 6-8-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *JME*  
*on the 8 day of June 1940*, Registered Apprentice No. ~~1000~~  
working under my personal supervision.

Signed

*Frank Lee*

Licensed Embalmer No.

*1099*

P. O. Address

*Appelton City*

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.