DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32745

Registration District No. 642 Primary Registration District No. 5 Registrar's No.

1. PLACE OF DEATH:

(a) County OSAGE Jefferson

(b) ~~City or town~~ "RURAL" (TOWNSHIP 41

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NEAR BLAND MO.

(If not in hospital or institution, write street number or location)

(d) Length of stay: ~~In hospital or institution~~ 21 YRS. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OSAGE

(c) City or town "RURAL"

(If outside city or town limits, write "RURAL")

(d) Street No. BLAND ROUTE

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIZABETH ALDHEIGHT PHELPS

3. (b) If veteran, name war NO.

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MONROE ANDERSON PHELPS

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH 25 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 6 If less than one day hr. min.

9. Birthplace FEURSVILLE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name HENRY PUVOGEL
13. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CATHERINE WIKKE
15. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's ~~own~~ signature MONROE ANDERSON PHELPS

(b) Address BLAND MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-4-1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FEURSVILLE LUTHERN CEM.

18. (a) Signature of funeral director W. F. Gottenstieter

(b) Address Owensville MO

19. (a) Oct 10 40 (Date received local registrar) Mrs Lenara Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 1 year 1940 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Aug 1, 1940 to Aug 1, 1940 that I last saw her alive on Aug 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis

Due to 92 B

Due to

Other conditions Endocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature C. A. Bunge (M. D. or other)

Address Bland Mo Date signed 8-2-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Lloyd Fiske, Registered Apprentice No. 247 working under my personal supervision.

Signed W. F. Gottenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.