

FILED DEC 38875
State File No. 10194

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freemini Hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 days years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME HELEN 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 Widowed
6. (b) Name of husband or wife Naomie Phelps 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 10 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 4 11 hr. _____ min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 9

12. Name Henry Messers

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

14. Maiden name Dashler Tarle

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

16. (a) Informant Mrs. Juanita Phelps

(b) Address 301 Michigan - Joplin, Mo

17. (a) Cremation (b) Date thereof Nov 22 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Mission

18. (a) Signature of funeral director Frederick Masterson

(b) Address Carthage, Missouri

19. (a) 11-22-40 (b) Ed B. Jernig
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

16. (a) Informant Mrs. Juanita Phelps

(b) Address 301 Michigan - Joplin, Mo

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(Burial, cremation, or removal) (Month) (Day) (Year)

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(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 17, 1940 to Nov 21, 1940
that I last saw her alive on Nov 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococci Meningitis Duration 4 days

Due to Middle ear infection

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

370 (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature J. H. Crawford (M. D. or other) _____

Address Joplin Mo Date signed 11-22-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

40-12-616

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 Emm. C. Stuey

Licensed Embalmer No. 391

P. O. Address Carhays

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.