. No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24295

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2834

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3703 East 29th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Burr Phelps
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October 12, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	9	16	hr. min.

9. Birthplace Marion County, Iowa 1 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Shoe Salesman
11. Industry or business
FATHER
12. Name Hiram Phelps
13. Birthplace Indiana 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Dow
15. Birthplace Indiana 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Dean H. Phelps
(b) Address Nevada, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Knoxville, Iowa
18. (a) Signature of funeral director Ewing Fun'l Home
(b) Address Seddalia, Mo
19. (a) 7-28-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28 year 1941 hour 6 AM minute ..... M.
21. I hereby certify that I attended the deceased from 7-26-41, 19..., to 7-28-41, 19...; that I last saw him alive on 7-27-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Right pelvis, Fracture Dislocation of R shoulder, Fracture Rellow

Due to Fall

Due to 1860

Other conditions (Include pregnancy within 3 months of death) 1860

Major findings:
Of operations 10
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 7-26-41 123
(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 Ralph E. Mueller M.D. (M. D. or other)
Address 600 Ang Bldg Date signed 7/28/41

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4091

P. O. Address K. C. 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, fact should be so stated above.