

No. 2
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FILED SEP-18-1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29223

State File No. _____

Registration District No. 765

Primary Registration District No. 4260

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola
(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 14 yrs
years, months or days)

3. (a) PRINT FULL NAME Austin Dillno Phelps

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 1 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Phelps

(b) Address 4433 Habalah R.P. Mo.

17. (a) Burial (b) Date thereof 9-16
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola

18. (a) Signature of funeral director E. M. Phelps

(b) Address Osceola

19. (a) 9-9-41 (b) Paul Sellers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Osceola
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-20, 1941, to 7-15, 1941;
that I last saw ~~him~~ alive on 7-15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Decompensation - 1941
Chronic Rheumatoid Arthritis - 1941

Due to _____

Due to _____

Other conditions _____

(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? _____

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

23. Signature T. H. Douglas, Jr. (M. D. or other) M.D.

Address Osceola, Mo. Date signed 9-9-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1679

Date Filed 9-15-41

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 *O. H. Kelly*

Licensed Embalmer No. 2097

P. O. Address *Oscola*

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.