No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39479

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2534

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town Rural - Mermac (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town Rural - "Pacific, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2 (If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Phelan

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 Dennis Phelan

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

7. Birth date of deceased Aug. (Month) 8 (Day) - 1847 (Year)

8. AGE: Years 94 Months 4 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER

12. Name Sevrard Muir 4

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

14. Maiden name (2) Farmer 11

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

16. (a) Informant Miss Agnes Phelan

(b) Address Pacific, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/41 (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director Jno. L. Thieber

(b) Address Pacific Mo.

19. (a) DEC 14 1941 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 6th, 1941, to Dec. 13th, 1941 that I last saw her alive on Dec. 12th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	9 Days
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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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 Henry E. Barthug (M. D. or other)

Address Pacific Mo. Date signed 12-13-41

101 (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 Jno L. Thiehes

Licensed Embalmer No. 3008

P. O. Address Pacific, Mo

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, fact should be so stated above.