

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2074
State File No. 06
Registrar's No. ~~111~~-03

FILED FEB 4 21 1942

Registration District No. 218

Primary Registration District No. 3015-

7
1
2

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

1. PLACE OF DEATH:

(a) County. Cooper

(b) City or town. Boonville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 17 days
(Specify whether years, months or days)

In this community. 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Chariton

(c) City or town. Salisbury
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Cloile Phelps

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-05-9130

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 5 minute 1 P.M.

21. I hereby certify that I attended the deceased from Dec 21, 1941, to Jan 7, 1942, that I last saw her alive on job and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Phelps 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. February 13 - 1892
(Month) (Day) (Year)

Immediate cause of death Pneumonia, bilateral broncho-influenzal

Duration 3 weeks

8. AGE: Years Months Days If less than one day

49 10 25 hr. min.

Due to _____

Due to _____

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

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

10. Usual occupation Clerk

Major findings: None

Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

11. Industry or business Ladies Furnishing Store

12. Name M. B. Hill

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

14. Maiden name Emma Finnell

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant Joe Phelps

(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof Jan 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem. Salisbury

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Goodman & Ball

(b) Address Boonville, Mo.

19. (a) 1-8-42 (b) Dr. Chas. Swack
(Date received local registrar) (Physician's signature)

Where did injury occur? _____ (City or town) (County) (State)

(c) Means of injury _____ (Specify type of place)

While at work? _____

23. Signature William M. D. (M. D. or other) M.D.

Address Boonville, Mo. Date signed 1/8/42

1088

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-3-42

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 J. H. Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville, 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.