V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

36830

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 52 Primary Registration District No. 5183 Registrar's No. 45

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town RURAL RINDERBRIDGE TWP.
(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 years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU

(c) City or town RURAL
(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 0

3. (a) PRINT FULL NAME DORA E. PHELPS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife TILMAN PHELPS

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JULY (Month) 24 (Day) 1871 (Year)

8. AGE: Years 71 Months 3 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace CAPE GIRARDEAU (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business .....

MOTHER FATHER

12. Name PENY SUMMERS

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

14. Maiden name SOPHIA HOUK

15. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

16. (a) Informant Tilman Phelps

(b) Address Burfordville MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 (Month) 6 (Day) 1942 (Year)

(c) Place: burial or cremation McHurl Cem.

18. (a) Signature of funeral director Mack-Wilson-Howard Inc.

(b) Address Jackson MO

19. (a) 11 6 42 (Date received local registrar) (b) J. H. Stuntzner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 4 year 1942 hour 4 minute 400 A.M.

21. I hereby certify that I attended the deceased from July 1, 1942, to Nov 4, 1942 and that I last saw he alive on Oct 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myo-Carditis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	10 yrs

Major findings:
Of operations G. I. D.
Of autopsy .....

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 D. D. Heabury M.D. (M. D. or other)

Address Jackson MO Date signed 11-6-42

1116 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1242-1474

Date Filed 12-8-42

DEC 11 1942

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.