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0M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17238

State File No.

FILED JUN 14 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: A.S.O. 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 all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville 3 (If outside city or town limits, write "RURAL")

(d) Street No. 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Forrest 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 10 (Day) 1908 (Year)

8. AGE: Years 34 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Phelps
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie F. Howard
15. Birthplace Scotland Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Violet C. Phelps

(b) Address Rutledge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Friendship

18. (a) Signature of funeral director Gerth & Barkett

(b) Address Memphis Mo

19. (a) 5/21/43 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Apr 30 1943 to May 19 1943 that I last saw him alive on May 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcic Septicemia

Due to Tonsilitis

Due to

Other conditions (Include pregnancy within 3 months of death) 24a

Major findings:
Of operations

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

(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 John H. Denby D.O. (M.D. or other)

Address Kirksville Date signed 3/19/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1093
JUN 11 1943
Date Filed

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 Fred Leith

Licensed Embalmer No. 4256

P. O. Address Memphis Tenn

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.