

RECORDED JUN 19 1943
Registration District No. 324

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County, SALINE

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

(c) Name of hospital or institution:
Fitzgibbons
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether)

In this community 45 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, MO (b) County, SALINE

(c) City or town, 719 North Lincoln
(If outside city or town limits, write "RURAL")

(d) Street No., MARSHALL MO
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME John Thomas Phelan

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 12 minute 20 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or Face White

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 April 12 1882
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis & Uremic coma

Due to.....

Due to.....

8. AGE: Years 81 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Medical Doctor

11. Industry or business.....

12. Name OWEN Phelan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name MARY Doyle

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant OWEN Phelan

(b) Address Marshall MO

17. (a) BURIAL (b) Date thereof 5-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge PARK

18. (a) Signature of funeral director Don Short

(b) Address MARSHALL MO

19. (a) 5/7/43 (b) mo T. O. Washburn
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 1316

Major findings: Of operations.....

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?.....

While at work? (Specify type of place) (c) Means of injury.....

3. Signature [Signature] (M. D. or other) Marshall MO
Address Marshall MO Date signed 5/7/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-9-43

DEC 1 1943

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall Ave

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.