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17-30
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 24 1943

State File No. _____

Registration District No. 122

Primary Registration District No. 5822

Registrar's No. 77

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town Rural Prairie View
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JACKSON COUNTY E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 40 yrs.

3. (a) PRINT FULL NAME Marie V. Phelps.

3. (b) If veteran, name-war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased October 26 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 14 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name William L. Bone

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

14. Maiden name Jane Clark

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

16. (a) Informant Jessie L. Griffith

(b) Address 1904 Linwood Blvd. K.C. Mo.

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

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director J.H. + Mitchell

(b) Address Independence, Mo.

19. (a) June 14, 1943 (b) F.M. Schickel
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON
(c) City or town Independence Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 400 East Short
(If rural, give location)
(e) If foreign born, how long in U. S. A? 2nd years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1943 hour 4:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 5 - 1943 to June 14, 1943, that I last saw her alive on June 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma aeclesim Duration 3 days

Due to Chronic Myo Pathic 2 yrs.

Due to Hip fracture 17 days

Other conditions Hip fracture (Include pregnancy within 3 months of death)

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 1943

(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) (e) Means of injury _____

23. Signature F.B. Bailey (M. D. or other) 4/11/43

Address Box 2 on Co E H. Date signed 4/11/43

AMERICAN BOARD OF FUNERAL DIRECTORS

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 Mr.

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. S. Mitchell

Licensed Embalmer No. 392

P. O. Address Indep - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 150 Primary Registration District No. 5-572

WRITE PLAINLY--USE FADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Farm
(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..... (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Mari V. 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 W

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

7. Birth date of deceased Oct. 26 1862
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days mo. (Unless than one day) min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

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

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I have now..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration

Due to chronic myocarditis

Due to.....

Other conditions hip fracture
(Include pregnancy within 3 months of death)

Within the home - "fall"

Major findings: Of operations June 3rd 1943

Of autopsy 1862

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)

(e) Means of injury.....

23. Signature F B Dairney (M. D. or other) 8/6/43

Address Jackson Co. Emory, Ark.

S-25171