

FILED JAN 4 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 1337

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 South 16th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK T. PHELPS

3. (b) If veteran, name war none  
3. (c) Social Security No. 491-10-3676

4. Sex male 5. Color or race negro  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl Phelps  
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept. 19 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	20	hr. _____ min.

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

10. Usual occupation janitor

11. Industry or business Welfare Board,

MOTHER FATHER

12. Name James Phelps  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Phelps  
(b) Address 313 South 16th

17. (a) 1 burial (b) Date thereof 12/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Heaton Bertley Bowman  
(b) Address 319 South 10th

19. (a) 12/10/43 (b) Rae Helgoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1943 hour 7 minute 45A M.

21. I hereby certify that I attended the deceased from November 18 1943 to December 9 1943  
that I last saw him alive on December 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Pulmonary pneumonia  
Due to Malignancy of rt. lung unknown

Duration  
4 wks  
4 wks

Other conditions 47d  
(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 \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature Clifton Smith (M. D. or other) M. D.  
Address Social Welfare Board Date signed 12/9/43  
St Joseph Mo

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Emur Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph

**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.**