

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3912

State File No.

FILED FEB 8 1944 74

Registration District No.

Primary Registration District No. 3052

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution Sachse Memorial Hospital
(d) Length of stay: In hospital or institution 2 days
In this community about 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(d) Street No. 712 - E 5th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Thomas Jefferson Phelps
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 4
year 1944 hour 2 minute 10 M.
21. I hereby certify that I attended the deceased from Jan 4 1944
that I last saw h. alive on Jan 4 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Catherine Phelps 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased May 18 1866

Immediate cause of death Cerebral thrombosis
Due to arterio sclerosis
Other conditions (Include pregnancy within 3 months of death) None

8. AGE: Years 77 Months 7 Days 16 If less than one day hr. min.
9. Birthplace Chariton Co Mo

Major findings: Of operations 830!
Of autopsy 830!

11. Industry or business Horse trainer
12. Name James Phelps
13. Birthplace Mo
14. Maiden name Kaura Snyder
15. Birthplace Chariton Co Mo
16. (a) Informant Thomas Vandeventer
(b) Address Salisbury Mo
17. (a) Burial (b) Date thereof 1-6-44
(c) Place: burial or cremation Salisbury
18. (a) Signature of funeral director Geo B. Whiteley
(b) Address Salisbury Mo
19. (a) 1-5-1944 (b) mo Anna Berger

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
23. Signature J. P. Seaverly (M. D. or other) Seaverly
Address Sedalia Date signed 1/4/44

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

7064

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

2-7-44

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

working under my personal supervision.

Registered Apprentice No.

Signed

Charles B. Winkelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Missouri

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.