

FILED APR 8 1941
Registration District No. **394**

Primary Registration District No. **4043**

Registrar's No. **41**

1. PLACE OF DEATH:
 (a) County **Bollinger**
 (b) City or town **Marble Hill**
(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 years, months or days)
 In this community **25 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **Bollinger**
 (c) City or town **Marble Hill**
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country

3. (a) PRINT FULL NAME **John William Phelps**
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Effie Phelps** 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **Sept. 6 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	6	14	hr. min.

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

10. Usual occupation **Pensioner**

11. Industry or business.....

12. Name **Joseph Phelps**

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

14. Maiden name **Katharine Crites**

15. Birthplace **Cape Girardeau Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Austin Phelps**

(b) Address **Lutesville, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 22, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baker Cem. Lutesville**

18. (a) Signature of funeral director **Baker Funeral Home**

(b) Address **Lutesville, Mo. C. Graham**

19. (a) **3-20-41** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20th**
 year **1944** hour **7:00** minute **10 P.** M.

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.

Immediate cause of death
**No medical attention
 Probably coronary occlusion**

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

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?.....

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

23. Signature **J. C. Graham** (M. D. or other) **Coroner**

Address **Lutesville, Mo.** Date signed **3-20-41**

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

RECEIVED

District Health Officer No. 4
District File Number 444-36
Date Filed 4-6-4

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 A. J. Baker
Licensed Embalmer No. 3573
P. O. Address Lutesville, W

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.