

FILED JUN 20 1944

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

Primary Registration District No. 4174

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

Dunkin  
(a) County. Dunklin  
(b) City or town. Cardwell ~~Buffalo~~  
(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. 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Dunklin 35  
(c) City or town. Cardwell Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME James Franklin Phelps

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. M  
6. (b) Name of husband or wife. Rebecca Jane Phelps 6. (c) Age of husband or wife if alive. 71 years  
7. Birth date of deceased. July 2 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace. D. K. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. \_\_\_\_\_

MOTHER FATHER { 12. Name. Henry Phelps  
13. Birthplace. Ky. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name. D. K.  
15. Birthplace. D. K. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

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

(c) Place: burial or cremation. Clark Cemetery

18. (a) Signature of funeral director. A. Emerson

(b) Address. Paragould Ark

19. James H. Moore (Date received local registrar) M. G. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, 19  
year 1944 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 1  
\_\_\_\_\_ 1944 to May 4 1944  
that I last saw him alive on May 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage 6 weeks  
Due to Hypertension years  
Due to Arteriosclerosis years

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations. \_\_\_\_\_  
Of autopsy. \_\_\_\_\_  
PHYSICIAN J. Z. A.  
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 \_\_\_\_\_

23. Signature M. G. Moore (M. D. or other) \_\_\_\_\_  
Address Cardwell Mo. Date signed 5-10-44

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

RECEIVED

District Health Office No. 2,

District File Number 644-875

Date Filed 6-14-44

**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.

*Walter Embalmer*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Jul 20 1944

State File No.....

Registration District No. 102

Primary Registration District No. 4174

Registrar's No.....

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Cardwell mo  
(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 2 5/8 (Specify whether  
In this community 2 5/8 years, months or days)

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased July 2 1916  
(Month) (Day) (Year)

8. AGE: Years 28 Months 10 Days 10 (Unless than one day) min.

9. Birthplace mo.  
(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.....

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 M. G. Moore

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 July Year 1944 Hour 10 Minute..... M.  
21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

21489