S. No. 2
M—5-42
v. 5-17-39
D I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1944

Registration District No. 382

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5548

State File No. 21663

Registrar's No. ~~48~~ 22

1. PLACE OF DEATH:

(a) County: Howard

(b) City or town: Roanoke (If outside city or town limits, write "RURAL" and name of township) Franklin Twp

(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 years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howard

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

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

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

If yes, name country: U

3. (a) PRINT FULL NAME: Emma Birch Phelps

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John Phelps

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

7. Birth date of deceased: April (Month) 14 (Day) 1868 (Year)

8. AGE: Years 76 Months 1 Days 23 If less than one day hr. min.

9. Birthplace: Randolph County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

MOTHER FATHER

12. Name: Charles F. Mayo

13. Birthplace: Randolph County (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Margaret Jones

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

16. (a) Informant: Miss Ethlyne Phelps

(b) Address: Roanoke, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6/8/1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Roanoke, Missouri

18. (a) Signature of funeral director: Tom B. Pallon

(b) Address: Huntsville Mo

19. (a) 7/8/44 (Date received by local registrar) (b) R W Ramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1944 hour 11:00 A.M. minute M.

21. I hereby certify that I attended the deceased from June 6, 1944, to June 6, 1944, that I last saw him alive on June 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

$30

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. O. Hankins (M. D. ~~or other~~)

Address: Roanoke Mo Date signed: 6-26-44

1319 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-20-47

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.