

No. 2  
1-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3871  
State File No. \_\_\_\_\_  
Registrar's No. 11

FILED FEB 27 1945

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 44 yrs.

3. (a) PRINT FULL NAME Charley E. Phelps

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Ida V. Phelps

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec 13th 1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>1</u>	<u>15</u>	hr. / min.

9. Birthplace Squire Co. Kans  
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business Retired

12. Name E. P. Phelps

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

14. Maiden name Mary E.

15. Birthplace Maharville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida V. Phelps

(b) Address Nevada, Mo.

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

(c) Place: burial or cremation Newton Rural Cem.

18. (a) Signature of funeral director Seubinger Fun. Home

(b) Address Nevada, Mo.

19. (a) 1-31-45 (b) Hazel B. Bewick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. S.W. of Nevada  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28  
year 1945 hour 11:55 minute AM

21. I hereby certify that I attended the deceased from JAN 21  
1945, 19\_\_\_\_, to JAN 28, 1945;  
that I last saw h. im alive on JAN 28, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive mesenteric thrombosis 32 yrs

Due to 93h

Due to \_\_\_\_\_

Other conditions Arteriosclerotic C.U. Disease 10 yrs.

(Include pregnancy within 3 months of death)

Major findings: mesenteric thrombosis  
Of operations 20" gangrenous I/ru  
Of autopsy not done

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? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Wm. H. Allen (M.D. or other)  
Address NEVADA, MO Date signed 1-30-45

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

MOTHER FATHER

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
DISTRICT CLERK - JUDGE NO. 7,  
District File Number 1-45-41  
Date Filed 2-5-2/5

**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 Marion E. Schinger

Licensed Embalmer No. 2656

P. O. Address Nevada Mo.

**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.