

FILED AUG 31 1945

Registration District No.

Primary Registration District No. 3047

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sal. Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Neosho, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Billie Joe Phelps

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: July 30, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 hr. min.

9. Birthplace Neosho, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name Martin Richard Phelps

13. Birthplace El Paso, Texas
(City, town, or county) (State or foreign country)

14. Maiden name Gruwell Gladys Wilson

15. Birthplace Carnava, Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Richard Phelps

(b) Address Neosho, Missouri Phelps

17. (a) Burial (b) Date thereof August 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Missouri

18. (a) Signature of funeral director Bigham Martuary

(b) Address Neosho, Missouri

19. (a) 8-25-45 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
year 1945 hour 5:00 pm minutes 5:00 p.m.

21. I hereby certify that I attended the deceased from 8-16-1945
to 9-16-1945
that I last saw him alive on 9-16-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Paul Godwin (M. D. or other) MD

Address Neosho, Mo. Date signed 8/17/45

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

8/29/45
845-150
District Health Officer No. *W. J. ...*
RECEIVED AUG 28 1945

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.

Has not Embalmed.

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.