

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED DEC 6 1945

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community 13 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 716 Maryland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME GENEVIEVE PHELPS

3. (b) If veteran, name war L

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Willard B. Phelps

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

7. Birth date of deceased 2 - 5 - 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Hartford Conn.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Luther H. Mead

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

14. Maiden name Ida Raynes

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

16. (a) Informant Willard B. Phelps

(b) Address 716 Maryland, Columbia, Mo.

17. (a) Burial (b) Date thereof 11-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) Nov 10 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1945 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Nov 7 - 1945,
that I last saw him alive on Nov 6, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis chronic (chronic
scholar heart disease)
Due to Endocarditis chronic
Due to Rheumatic fever

Other conditions Pharyngitis with effusion
(Include pregnancy within 3 months of death)

Major findings: Myocarditis chronic
Of operations _____
Of autopsy _____

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 James E. Deebene (M. D. or other) _____
Address Columbia Mo Date signed 11/8/45

1425 (Licensed Embalmer's Statement on Reverse Side)

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

Thomas L. Loring

..... Licensed Embalmer No. *4132*

P. O. Address *Columbia, 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.