S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED JAN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42700

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural Sherrill Twp
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Texas Co
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ Mi S.W. of Licking Mo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jestena W. Phelps
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse O Phelps
6. (c) Age of husband or ~~wife~~ if alive 60 years
7. Birth date of deceased Sept (Month) 15 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	6	hr. min.

9. Birthplace New York City N.Y. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
MOTHER FATHER
12. Name Burkins
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Jesse O Phelps
(b) Address Licking Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Cem. Phelps Co
18. (a) Signature of funeral director Smith & Ferguson
(b) Address Licking Mo
19. (a) 11/13/45 (Date received by local registrar) (b) Mrs. Elnora Hesse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1945 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Leslie Randolph (M.D. or other) M.D.
Address Licking, Mo Date signed Oct. 23 1945

1583

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1469
Date Filed 6-2-46

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.