

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6708**
Registrar's No. **8**

FILED MAR 12 1946
Registration District No. **4410**

Primary Registration District No. **4410**

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

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town St James
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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 1

3. (a) PRINT FULL NAME Mary E Phelps
 3. (b) If veteran, name war 1
 3. (c) Social Security No. 1

4. Sex F 1 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Wortham Phelps
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased 5-18-64
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 25
 If less than one day hr. min.

9. Birthplace Secoma MO R
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business

12. Name Isaac Misham
 13. Birthplace N. C. I
(City, town, or county) (State or foreign country)
 14. Maiden name Alie Lane
 15. Birthplace Penn I
(City, town, or county) (State or foreign country)

16. (a) Informant Mamma Fare
 (b) Address Rolla MO
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-1946
(Month) (Day) (Year)
 (c) Place: burial or cremation Marion cem

18. (a) Signature of funeral director W E Richleder
 (b) Address St James, MO
 19. (a) March 5, 46 (Date received local registrar) (b) Lora E Birmingham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps 81
 (c) City or town St James MO 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
 year 1946 hour 6³⁰ minute 0 M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to Jan 30 1946
 that I last saw her alive on Jan 28 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)
 Due to Hypertension
 Other conditions 1
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 1
 Of operations 1
 Of autopsy 83w

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) 1
 (b) Date of occurrence 1
 (c) Where did injury occur? 1
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W E Richleder (Specify type of place) (M. D. or other) 1
 Address St James Date signed 4/1/46

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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.....

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.