

STANDARD CERTIFICATE OF DEATH

State File No. **8810**

Registration District No. **64**

Primary Registration District No. **4110**

Registrar's No. **21**

1. PLACE OF DEATH

(a) County **Chariton**
(b) City or town **Salisbury**
(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
In this community **about 75 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Cecelia Phelps**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife **Marion Phelps**
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **Feb 2 1877**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **26**
If less than one day hr. min.

9. Birthplace **Norway**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Lars Larsons**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **WILKERSON**
(b) Address **Omaha**

17. (a) **Burial** (b) Date thereof **3-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury Mo**

18. (a) Signature of funeral director **Castell Helmeyer**
(b) Address **Salisbury Mo**

19. (a) **3-15-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** Year **1946** hour **10** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **Feb 25 1946** to **March 6 1946**
that I last saw her alive on **March 6 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **Coronary sclerosis**

Due to

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **938**

Duration

4 yrs

6 yrs

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?

While at work? (Specify type of place) (e) Means of injury **D**

23. Signature **[Signature]** (M. D. or other) **MD**
Address **Salisbury Mo** Date signed **3-15-46**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-9-46

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Chas B Winkebmeyer

Licensed Embalmer No.....

38420

P. O. Address.....

Salisbury, 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.