S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13604

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2014 Byers Ave./
(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 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 79

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2014 Byers Ave. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles Hamilton Phebus

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Asenath B. Phebus

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased September 20, 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Real Estate

11. Industry or business

FATHER
12. Name Lewis Phebus
13. Birthplace Stubenville Ohio. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Marshall
15. Birthplace Virginia. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Allson Childress
(b) Address 1820 Virgibia, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Missouri

19. (a) 3-18-46 (Date received local registrar) (b) Belle Pearson D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1946 hour 3 minute 52 a M.

21. I hereby certify that I attended the deceased from 1-19-45, 19..., to 3-14-46, 19...; that I last saw him alive on 3-14-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio vascular	
renal disease	1/19/45
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 92d

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 0

23. Signature [illegible] (M. D. or coroner)

Address [illegible] Date signed 8/18/46

138 (Licensed Embalmer's Statement on Reverse Side)

46-3-247

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 Cary K Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.