

**FILED** MAY 16 1946

Primary Registration District No. **5935**

Registrar's No. **138**

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Water Works Reservoir B  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis **80**  
(c) City or town Sedalia **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1916 South Park **4**  
(If rural, give location) **0**  
(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Walter Phifer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-20-0773

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased December 19 1927  
(Month) (Day) (Year)

8. AGE: Years 18 Months 4 Days 2 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name Charles Phifer

13. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Addell Arvieux

15. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Phifer, Sr.

(b) Address 1916 S. Park, Sedalia, Mo.

17. (a) Burial (b) Date thereof April 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet, Benton County

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-3-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's Signature)

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-42.....

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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 A.P.M. Gray.....

Licensed Embalmer No. 3153.....

P. O. Address Sedalia 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.