

7. S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36871

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **16797**  
 Registrar's No. **2374**

Registration District No. **149**  
 Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)  
 In this community 15 yrs.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1015 1/2 Michigan  
(If rural, give location)  
 (e) Citizen of foreign country? No  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ada Phelps  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. none  
 4. Sex Female  
 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife William Phelps  
 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased June 15, 1902  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 27, year 1946 hour 3: minute 00 A.M.  
 21. I hereby certify that I attended the deceased from May 21, 1946, to May 27, 1946.  
 that I last saw her alive on May 27, 1946, and that death occurred on the date and hour stated above.  
 Immediate cause of death Subdural Hemorrhage and Acute Parenchymotous De-generation of Liver  
 Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
About	<u>43</u>	<u>11</u>	<u>12</u>	hr. _____ min.

9. Birthplace Muskogee, Oklahoma  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Laundress  
 11. Industry or business \_\_\_\_\_

**MOTHER, FATHER**  
 12. Name James Wood  
 13. Birthplace Muskogee, Oklahoma  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ida  
 15. Birthplace Muskogee, Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant Medical records Librarian  
 (b) Address General Hospital No. 2  
 17. (a) Burial (b) Date thereof 5/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Lydia Aue  
 (b) Address 1729 Lydia Ave  
 19. (a) 5-28-46 (b) Thaladne Holmes  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Same as above  
**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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address General Hospital No. 2  
 Date signed 5/27/46

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

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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 J. Jerome Menlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**