No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

29645

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30814

State File No.

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Rfd Knob Noster Mo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nO (Specify whether
In this community 6 Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD Knob Noster 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Margaret Phelps

3. (b) If veteran, name war no

3. (c) Social Security No. nO

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Frank Phelps

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

7. Birth date of deceased June (Month) 18 (Day) 1879 (Year)

8. AGE: Years 67 Months 3 Days 9 If less than one day hr. min.

9. Birthplace St Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Henry Belman
13. Birthplace St Louis Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Mary Ann Deters
15. Birthplace St Louis, (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant C. L. Phelps
(b) Address Knobnoster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cem

18. (a) Signature of funeral director Sweeney- Phillips
(b) Address Warrensburg.

19. (a) Sept 27, 1946 (Date received local registrar) (b) Erma L. Beatty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. 27 day 27, year 1946 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from March '46, 19, to, 19, that I last saw her alive on 9-18-1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma (Vagina)	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

49C

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. F. McKinney (M. D. or other) MD

Address Warrensburg Mo Date signed 9-27-46

(Licensed Embalmer's Statement on Reverse Side)

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. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.