

FILED MAY 29 1947

Registration District No.

Primary Registration District No.

5602

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Chilhowee, Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether

In this community 11 years
years, months or days)

3. (a) PRINT FULL NAME

Jacob E. Phelps

3. (b) If veteran name war _____

3. (c) Social Security No. ✓

4. Sex Male
5. Color or race White

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

6. (b) Name of husband or wife Barbara

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. 30 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 17
If less than one day hr. min.

9. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John Phelps

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maude Atkins

15. Birthplace Unknown Identified
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Phelps

(b) Address Chilhowee, Mo.

17. (a) Burial (b) Date thereof 5/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee Ceme.

18. (a) Signature of funeral director J. W. Cook

(b) Address Chilhowee, Mo.

19. (a) 5-13-47 (b) Mrs. Mame Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Chilhowee, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1947 hour 3.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 4, 1945, to May 11, 1947,
that I last saw him alive on May 11, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lower lip extending to adrena
Duration 2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HSA

Of autopsy _____

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 2

23. Signature E. N. Robinson (M. D. or other) MD.

Address Chilhowee Mo Date signed 5/12/47

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

MOTHER FATHER

JUN 3 1947

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. W. Cook

Licensed Embalmer No.....

4335

P. O. Address.....

Chilhowey, Me

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.