No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40963

Registration District No. FILED DEC 29 1947 Primary Registration District No. 1000 Registrar's No. 1514

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 E. Hyde Park Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town 107 E. Hyde Park Ave.,
(If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HELEN MARIE PHELPS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benjamin J. Phelps
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased February 13, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 5 If less than one day hr. min.

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name John J. Woods
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Fitzgerald
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Katherine Thedinga
(b) Address 107 E. Hyde Park Ave., City
17. (a) Burial (b) Date thereof 12/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director John E. Kuppe
(b) Address 6054 Pryor Ave., City
19. (a) 12-27-47 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature) 292

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 18, year 1947 hour 3 minute :30 P. M.
21. I hereby certify that I attended the deceased from Aug 12 1947 to Dec. 10 1947 that I last saw her alive on Dec 10 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	—
Due to	
Due to	
Other conditions Arteriosclerosis gen. (Include pregnancy within 3 months of death)	—

Major findings:
Of operations
Of autopsy 92B

PHYSICIAN
Underline the cause of 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 Fort F. Hardegan (M. D. or other)
Address 670 Francis Date signed 12/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

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 John E. Rupp

Licensed Embalmer No. 3996

P. O. Address St. Joseph, 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.