No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 5 1948
Registration District No. 141

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 44684
Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christa Hogan Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs. (Specify whether
In this community 4 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town West Plains 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant son of: LaVern Phelps

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex M d
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 30 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. min.

9. Birthplace Christa Hogan Hospital 0
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Unk. 9
13. Birthplace Unk. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LaVern Phelps
15. Birthplace Birchtree, Missouri.. 0
(City, town, or county) (State or foreign country)

16. (a) Informant LaVern Phelps
(b) Address ~~Sxxx~~ Birchtree Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 12/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Birchtree
18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Missouri
19. (a) Feb 9-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 12/30, 1948 to 12/30, 1948
that I last saw him alive on 12/30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atelectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

161A

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 R. Hogan M.D. (M. D. or other)
Address West Plains, Mo. Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Distr[illegible] Officer No. 5,
District File Number 24163
Date Filed 3-4-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.