

No. 2  
11-10-39  
5-17-39  
I 21-11-39

MAY 13 1940 85  
Registration District No.

Primary Registration District No. 1001

State File No.

Registrar's No.

419

1. PLACE OF DEATH:

Buchanan

(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:  
1607 S. 11th 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 2 years  
years, months or days

3. (a) PRINT FULL NAME William S. T. Phebus

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Phebus 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased June 25 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired carpenter

11. Industry or business Box factory

12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Phebus

(b) Address 1607 S. 11th

17. (a) Removal (b) Date thereof April 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Falls City, Nebraska

18. (a) Signature of funeral director Clark Mortuary  
5025 King Hill Ave.

(b) Address

19. (a) 4/12/40 (b) W. J. Westphal  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1607 So. 11th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th  
year 1940 hour 8 minute 40 p. M.

21. I hereby certify that I attended the deceased from April 10, 1940, to April 10, 1940  
that I last saw him alive on 4 pm April 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Tuberculosis

Due to

Due to

Other conditions Influenza  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -

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? \_\_\_\_\_

85  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature W. E. Hartcock 3 M. D. or other \_\_\_\_\_  
Address 1402 Paul Ave. Date signed 4/11/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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, ~~xxxx~~ Apr. 10, 19

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Emmanuel Clark

Licensed Embalmer No. 3476

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, above space should be left blank.**