S. No. 2
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2779

Registration District No. 384 — Primary Registration District No. 4227 — Registrar's No.

WRITE PLAINLY—USE 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: COTTAGE HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10½ hours (Specify whether years, months or days)

In this community 1 year 2 Mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County KANKAKEE

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GUY MOREY PHELPS

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LENORA A. TINSLAR

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

7. Birth date of deceased AUGUST (Month) 11, (Day) 1858 (Year)

8. AGE: Years 82 Months 4 Days 16 If less than one day hr. min.

9. Birthplace WILMINGTON (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired M.D.

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant [illegible] Phelps

(b) Address 920 Cass Ave - West Plains Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC. 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation KANKAKEE, ILL.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address WEST PLAINS, Mo.

19. (a) 12-27-40 (Date received local registrar) (b) Vida W. SIMONS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 27 year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 14, 1940, to Dec. 27, 1940, that I last saw him alive on Dec. 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature E. Royse Bohner (M. D. or other) Mal

Address West Plains, Mo Date signed 12-27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 24/126
Date Filed

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.