

2
4-41
7-39
X26390

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3408 Highland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **over 50 Yrs.** (Specify whether
in this community **1** years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary M Phelps**

3. (b) If veteran, name war **No** 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 **Mr. Luther Phelps** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **April 5 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 25 hr. min.

9. Birthplace **Falls City Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **---**

MOTHER FATHER { 12. Name **Thomas F. Williams**
13. Birthplace **Fulton Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Fassel**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wallace H. Shumway**
(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 2, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Abbey**

18. (a) Signature of funeral director **O. H. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **10/2/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3408 Highland Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30th**
year **1941** hour **8** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **March 70 -**
1939 to **Sept 30 1941**
that I last saw **her** alive on **Sept 30** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive cardio-vascular disease** Duration **5 years**
Due to **arterial hypertension** **5 years**

Other conditions **---**
(Include pregnancy within 3 months of death)
Major findings: **none** **930**
Of operations **---**
Of autopsy **---**
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?
While at work? **---** (Specify type of place) (e) Means of injury **---**

23. Signature **Graham Asher** (M. D. or other) **Wm. O.**
Address **11270 Prof. Bldg.** Date signed **8-30-41**

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

1-3:30
[Handwritten signature]

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 George M. Collier
Licensed Embalmer No. 3839
P. O. Address G.C.M.

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.