

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15050
 Do not use this space.

FILED APR 19 1944

1. PLACE OF DEATH
 (a) County Laclede Registration District No. 170
 (b) Township Lebanon Primary Registration District No. 2033
 (c) City Lebanon (d) Street No. Geneva Wallace Hospital Registered No. 3-1
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 2 24 How long in U. S., if of foreign birth? yrs. mos. ds. 2

2. PRINT FULL NAME Geneva Lucile Phelps
 (a) Residence, No. Wainsville mo 4th St (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23 1930</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>2</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>School</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden mo</u>		
13. NAME <u>John</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
15. MAIDEN NAME <u>Jane Dodson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Co Missouri</u>		
17. INFORMANT (ADDRESS) <u>John Phelps Wainsville, Mo</u>		
18. BURIAL CHURCH OR REMOVAL PLACE <u>Old Town Creek</u> DATE <u>March 1944</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Banksen Woolery Camden Mo</u>		
20. FILED <u>April 3</u> 19 <u>44</u> <u>Grace Popew</u> Legal Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1944

22. I HEREBY CERTIFY, That I attended deceased from 2-23-1944 to 2-26-1944
 I last saw her alive on 2-29-1944. Death is said to have occurred on the date stated above, at 8:29 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia - Lobar upper 2 lobes Right & upper lobe Right
 Date of onset

Other contributory causes of importance:
108

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) R. E. Stanell, M. D.
 (Address) Lebanon, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Received.....
Laclede County Health Unit
File No. 3-44-40
Date Filed 7/18/44

STATEMENT BY LICENSED EMBALMER

I, Abbie Banks Woolery, Licensed Embalmer No. 2488

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

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

Signed Abbie Banks Woolery

Licensed Embalmer No. 2488

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.)