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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 5 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 41614  
Registrar's No. 333

Registration District No. 209 Primary Registration District No. 3043

**1. PLACE OF DEATH:**  
(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Elizabeth Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Lincoln **57**  
(c) City or town Troy **3**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Maud Phelps  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month October day 21  
year 1944 hour 2 minute 50 A.M.  
**21. I hereby certify that I attended the deceased from**  
Aug 23, 1944 to Oct 21, 1944.  
that I last saw her alive on Oct 20, 1944.  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Everette Phelps 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased March 2, 1988  
(Month) (Day) (Year)

Immediate cause of death Sudden death 2:50 PM 10/21/44  
6<sup>th</sup> Post. Operative Day -  
Due to Pulmonary embolism **acute**  
Due to \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
56 7 19 hr. \_\_\_\_\_ min.

Other conditions 56a  
(Include pregnancy within 3 months of death)

**9. Birthplace** Lincoln County Missouri (City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife  
**11. Industry or business** XX  
**12. Name** John R. Dowell  
**13. Birthplace** Virginia (City, town, or county) (State or foreign country)  
**14. Maiden name** Harvey  
**15. Birthplace** No record (City, town, or county) (State or foreign country)

**Major findings:** Large Left Ovarian cyst  
Of operations Probably malignant removed 11/0/44  
Of autopsy \_\_\_\_\_

**16. (a) Informant** Mrs. Frances Boulear  
(b) Address 521 Rock Hannibal Missouri  
**17. (a) Burial** (b) Date thereof 10/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Alexander Cemetery, Troy Mo.  
**18. (a) Signature of funeral director** D. W. M. Coy  
(b) Address Troy Missouri  
**19. (a) Oct 20 - 1944** (b) R. H. Connor  
(Date received local registrar) (Registrar's signature)

**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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** J. E. Sultzman M.D. (M. D. or other)  
Address Hannibal Missouri Date signed 10/24/44

**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 F. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal Missouri

**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.**