No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24547

State File No. _____

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little prairie
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 16 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Williams Phelps

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Mar. (Month) 3 (Day) 1929 (Year)

8. AGE:

Years	Months	Days	If less than one day
17	4	14	hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Trucker Driver

11. Industry or business

FATHER
12. Name J. N. Phelps
13. Birthplace Pemiscot Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lardie Sweat
15. Birthplace " " (City, town, or county) Tenn (State or foreign country)

16. (a) Informant J. N. Phelps
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director Lee Forge Mud. Co
(b) Address Caruthersville, Mo.

19. (a) 8-5-46 (Date received local registrar) (b) Dressie B. Wiles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 1 2 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Burning to death in burning truck on Highway 4 July

Due to 17-1946

Due to _____

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

Major findings:
Of operations ✓
✓
Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident

(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?
Public Hwy (Specify type of place)

While at work? yes (e) Means of injury Burn.

23. Signature W. W. Cobbed J.P. (M.D. or other) 2-17-46

Address Caruthersville Mo Date signed 7-17-46

347

(Licensed Embalmer's Statement on Reverse Side)

8-46-184

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carthageville, 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, fact should be so stated above.

. No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(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 Pemiscot

(c) City or town Ca ruthersville Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Phelps

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Mar. 3 (Month) (Day) (Year)

8. AGE: Years 17 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

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

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 19
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy 170.8 .92

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) Accident

(b) Date of occurrence _____

(c) Where did injury occur? On Highway (U) 5 miles South of Caruthersville Mo. (Street or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In a collision of two trucks (Specify type of place)

While at work? Burned to death (e) Means of injury _____

23. Signature W. W. Corbett (M. D. or other)

Address Caruthersville Mo. Date signed 8-29-46

SUPPLEMENTARY

23398

24547