

S. No. 2
M-5-43
7-5-17-39
X36671

FILED DEC 12 1946

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 376

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 77 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 802 West Walnut 4
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME NICHOLAS H. PHELPS

3. (b) If veteran, name war None 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14th 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 10 day 1946
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1940 _____, 19 _____ to Nov. 10 _____, 1946
that I last saw him alive on Nov. 10 _____, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Nephritis and uremia 3mo
Due to Chronic parenchymatous nephritis & hyperuricemia 3yrs
Due to uric acid
Other conditions _____ (Include pregnancy within 3 months of death) 13 1/2

9. Birthplace Jackson County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER, FATHER { 12. Name Joseph A. Phelps

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Ann Oldham

15. Birthplace Moberly, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nicholas Thomas Phelps

(b) Address 1224 Holmes, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 11-16-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations No operation

Of autopsy: no autopsy

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 (1)

23. Signature [Signature] (M.D. or other) _____
Address [Address] Date signed 11-11-46

354

(Licensed Embalmer's Statement on Reverse Side)

7MO

Be altered

NOV 18 1953

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 Floyd C. Carson
Licensed Embalmer No. 4199
P. O. Address Indy, Ind.

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.