S. No. 2
M—8-43
. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Registration District No. ____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3809

Primary Registration District No. 4553

Registrar's No. ____

1. PLACE OF DEATH:
(a) County WRIGHT
(b) City or town MANSFIELD
(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 years, months or days) In this community 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME MAUDE ELISABETH PHELPS
3. (b) If veteran, name war NONE
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 WESLEY PHELPS
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased SEPT (Month) 25 (Day) 1879 (Year)

8. AGE: Years 67 Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace WRIGHT CO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ____
MOTHER FATHER
12. Name WILLIAM MCCALLISTER
13. Birthplace NOT KNOWN (City, town, or county) a (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN (City, town, or county) a (State or foreign country)
16. (a) Informant Wesley Phelps
(b) Address MANSFIELD MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MANSFIELD CEM
18. (a) Signature of funeral director A. A. Steele
(b) Address MANSFIELD MO
19. (a) Jan. 8-1947 (Date received local registrar) (b) Maggie Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 7 year 1947 hour 3 45 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 10 1946 to Jan 1 1947 that I last saw her alive on Jan 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease — Duration months
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature M. Zimmerman (M. D. or other)
Address Mansfield Mo Date signed 1/14/46

549

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 147-103
Date Filed JAN 13 1947

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.