REC'D MAY 10 1938

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

15409
Do not use this space.

1. PLACE OF DEATH
(a) County Newton — Registration District No. 609
(b) Township Neosho — Primary Registration District No. 5808 — Registered No. 42
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Irene White 300
(a) Residence, No. ..... St. ☐ Kansas City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nathan P. White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1860
7. AGE: YEARS 78 — MONTHS 3 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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): LaRue County Kentucky

FATHER
13. NAME: Tom Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER
15. MAIDEN NAME: Becky---Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Arnold Tabb Kansas City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Gibson Cemetery DATE: April 17, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Corley Thompson Neosho Missouri
20. FILED 4-19, 1938 Onal Asala VB Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 15, 1938
I last saw her alive on April 15, 1938. Death is said to have occurred on the date stated above, at 4:30P m.
The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiac Decompensation

Date of onset

Other contributory causes of importance:
Arterio Sclerosis
Chronic Interstitial nephritis

Name of operation none Date of no
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Melvin C. Bowman, M. D.
(Address) Neosho, Mo

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(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Carly Thompson, or by .....

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

Signed Carly Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.