DEC'D MAR 10 1939

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

7324
Do not use this space.

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1

1. PLACE OF DEATH
(a) County NEWTON Registration District No. 609
(b) Township Primary Registration District No. 4363 Registered No. 23
(c) City NEOSHO (d) Street No. Sale-Bowman Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 563 Mildred Eldora Rhinehart
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF S. M. Rhinehart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1873

7. AGE: YEARS 66 MONTHS 6 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 9

FATHER
13. NAME John Myers 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 1

MOTHER
15. MAIDEN NAME Charlotte Hallett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) S M Rhinehart Neosho Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE 8007 Demiter DATE 2-15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) The Bigham Mortuary Neosho Missouri

20. FILED 2-27 1939 Onal A. Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBY 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1939, to Feb. 13, 1939
I last saw her alive on Feb. 13, 1939 Death is said to have occurred on the date stated above, at 12 40 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy right side

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Date of onset

Other contributory causes of importance:
Hypertension, chronic interstitial nephritis.

Name of operation None Date of
What test confirmed diagnosis? linical 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Onal A. Sale, M. D.
(Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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, ...

J. E. Bigham ....., or by .....

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

Signed J. E. Bigham

Licensed Embalmer No. 2689

P. O. Address Neosho Mo.

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

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