

MAY 22 1939

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

15660
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 5808
(c) City or Town Neosho (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. da. (f) How long in U. S., if of foreign birth? yrs. moe. da.

2. PRINT FULL NAME Nancy Emily Benton

(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
92 5 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to Mar 27, 1939

I last saw her alive on Mar 27, 1939. Death is said to have occurred on the date stated above, at 7:40 AM.

The principal cause of death and related causes of importance were as follows:

Myocarditis and General arteriosclerosis

Date of onset

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____ (Signed) _____ M. D.

(Address) Neosho Mo

12. BIRTHPLACE (CITY OR TOWN) Newton County 0
(STATE OR COUNTRY) Missouri

13. NAME J. C. Pool 1

14. BIRTHPLACE (CITY OR TOWN) Unknown 1
(STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Elizabeth Pugh

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Lucy Hubbard
(ADDRESS) Neosho Mo. R. # 2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cem. DATE March 30, 39

19. FUNERAL DIRECTOR (NAME) Corley Thompson
(ADDRESS) Neosho Missouri

20. FILED 4-10, 1939 Annie R. Selman 57
Local Registrar

(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.

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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.....

Gail K. Gay

Registered Apprentice No. *189*

working under my personal supervision.

Signed *Corey 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 conform with the above constitutes grounds for revocation of license.)

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