

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5343

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

508

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community 2 Days
years, months or days)

3. (a) PRINT 216
FULL NAME Miss Myrtle Neighbours

3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased July 6 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 7 1 hr. _____ min.

9. Birthplace Columbus Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher City Schools

11. Industry or business Osawatomie, Kansas

12. Name George A. Neighbours

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

14. Maiden name Armina Stump

15. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Neighbours Marshall

(b) Address Nederland, Colorado

17. (a) Removal (b) Date thereof Feb. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Kansas

18. (a) Signature of funeral director W. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 6, 1940 M. M. Crowe
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____

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

(d) Street No. 411 Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 1937
_____, 19____, to 2-5-40, 19____
that I last saw her alive on 2-5-40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch. Pneumonia
both lungs.

Due to Undetermined type
Pneumonia.

Other conditions Intest. Stenosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Small Black (M. D. or other)
Address 924 1/2nd St Date signed 2/11/40

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

JCC 700.

12-5
0
AUG 9 1942

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

H. C. Newcomer Jr

Licensed Embalmer No.

404

P. O. Address

H. C. 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, above space should be left blank.