DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15597

MAY 15 1940

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sales - Bowman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About Six Weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Newton

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

(d) Street No. 437 W Coler
(If rural, give location)

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

3. (a) PRINT FULL NAME Nancy Louisa Gold 430

3. (b) If veteran, name war ---- 3. (c) Social Security No. ------

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased February (Month) 24 (Day) 1869 (Year)

8. AGE: Years 71 Months 1 Days 29 If less than one day hr. min.

9. Birthplace - (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ---- 9

FATHER
12. Name Jerry Clanton
13. Birthplace Not Known (City, town, or county) Barr (State or foreign country) 1

MOTHER
14. Maiden name M Marian Garret
15. Birthplace Georgia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rhoda Patton

(b) Address Granby Mo. R#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 25 (Day) 40 (Year)

(c) Place: burial or cremation Wanda Cem

18. (a) Signature of funeral director Wm Morris Pogue

(b) Address Wheaton Mo

19. (a) 4-30-40 (Date received local registrar) (b) Omal R Sale, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 2 day 23 year 1940 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 13, 1940, to April 23, 1940 that I last saw her alive on April 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hypostatic) ✓

Due to Thrombis and Arterio-sclerosis in Rt leg.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Thrombosis in popliteal artery
Of autopsy none

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? 543 (Specify type of place)

While at work? (e) Means of injury

23. Signature Melvin C. Bowman (M. D. or other) 1

Address Neosho, Mo Date signed April 29 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 540 - 1290
Date Filed MAY 13 1940

99a

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~~ Wm. Morris Pogue, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm. Morris Pogue

Licensed Embalmer No. 3 [illegible]

P. O. Address Wheatone

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

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

. 2B
21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16377

Registration District No. 609 Primary Registration District No. 4363 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho

(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

3. (a) PRINT FULL NAME Nancy Louise Gold

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wd

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hypostatic) Bronchial

Due to Thrombosis and arteriosclerosis in Rt leg.

Due to

Other conditions Thrombosis in Popliteal artery

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Melvin C. Bowman M.D. or other)

Address Neosho Mo Date signed