DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

Registration District No. 809

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19097

Primary Registration District No. 4363

Registrar's No. 68

**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: 414 GRANT AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 60 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County Newton

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

(d) Street No. 414 GRANT AVE (If rural, give location)

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

3. (a) PRINT FULL NAME Emma GEBOE HAVENNER

3. (b) If veteran, name war ____

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm HAVENNER

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

7. Birth date of deceased DEC (Month) 16 (Day) 1859 (Year)

8. AGE: Years 80 Months 4 Days 22 If less than one day ____ hr. ____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ABRAHAM COLLINGS
13. Birthplace ____ (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name CAROLINE RUSH
15. Birthplace ____ (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant's own signature Pansy Crane

(b) Address Neosho Mo

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

(c) Place: burial or cremation FAIRVIEW CEM. Joplin

18. (a) Signature of funeral director Ashley Bryan

(b) Address Neosho Mo

19. (a) 5-8-40 (Date received local registrar) (b) Onal A. Sale M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 7th year 1940 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7-5 ____, 1938, to May 7th, 1940 that I last saw her alive on April 22, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | |
| Due to Fracture of hip and Arteriosclerosis | |
| Due to with Hypertension | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

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? 5 4 2 (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Melvin P Bowman (M. D. or other)

Address Neosho, Mo Date signed May 8-1940

(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.

RECEIVED
District Health Officer No. 6,
District File Number 640-1422
Date Filed JUN 12 1940

1448
37

**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 Samuel Reed, Registered Apprentice No. 302 working under my personal supervision.

Signed J. A. 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 comply wit the above constitutes grounds for revocation of license.)**

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

No. 2B
-2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19097

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

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

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 ...

**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.

3. (a) PRINT FULL NAME: Emma Gebel Havenner
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 80 | Months 4 | Days 22 | If less than one day ... hrs. ... min.
9. Birthplace ... (City, town, or county) ... (State or foreign country)
10. Usual occupation ...
11. Industry or business ...
FATHER 12. Name ...
FATHER 13. Birthplace ... (City, town, or county) ... (State or foreign country)
MOTHER 14. Maiden name ...
MOTHER 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)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7 year 1940 hour ... minute ... M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration
Due to: Fracture of Hip and arteriosclerosis with Hypertension
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Major findings: Of operations ... Of autopsy ...

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): accident
(b) Date of occurrence: 1-26-40
(c) Where did injury occur? Home (City or town) Neosho (County) Newton (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? No (e) Means of injury: Fall
23. Signature: Melvin Bowman (Coroner)
Address: Neosho Mo Date signed ...

S-19097