

Registration District No. 609

Primary Registration District No. 4363

State File No. \_\_\_\_\_

Registrar's No. 98

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution: REYNOLDS HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK  
(Specify whether \_\_\_\_\_)

In this community 5 YEARS  
(years, months or days)

3. (a) PRINT FULL NAME ALEXANDER G. DORNER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

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 UNKNOWN  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 76 hr. min.

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

10. Usual occupation FARMER

11. Industry or business 9

MOTHER FATHER {

12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature: Doro J. Saylor

(b) Address Neosho Mo. R#4

17. (a) Burial (b) Date thereof 8-14-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director: Barry Thompson

(b) Address Neosho Mo

19. (a) 8-21-40 (b) Orval A. Sale  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State D. Missouri (b) County Newton

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

(d) Street No. 9 Miles West of Neosho  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1940 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from Aug 1  
1940, to Aug 17 1940  
that I last saw him alive on Aug 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis and Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 121

Major findings: none

Of operations none

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?  
5-4-5  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J.P. Reynolds (M.D. or other) 12nd  
Address Neosho Mo Date signed 8/21/40

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 740-2629

Date Filed SEP 18 1940

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Gail K. Gray*

Licensed Embalmer No. 4152

P. O. Address Neosho, 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.