

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 609

Primary Registration District No. 4863

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho, Mo
(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 3
(Specify whether

In this community 5 days
years, months or days) (Specify whether

3. (a) PRINT FULL NAME Leroy Allen Vice

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

7. Birth date of deceased July 13 1936
(Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 1 If less than one day ✓ hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Elroy Vice
13. Birthplace Osaka, Mo
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Estel Tamm
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elroy Vice

(b) Address Neosho, Mo

17. (a) Burial (b) Date thereof 10-15-40
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerians, Mo

18. (a) Signature of funeral director Chas. W. Wilton

(b) Address Neosho, Mo

19. (a) 10-18-40 (b) Ernest A. Salemi
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Neosho, Mo
(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 Oct day 14
year 1940 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Oct. 12
_____, 1940, to Oct. 14, 1940;
that I last saw him alive on Oct. 14, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death diphtheria

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?

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

23. Signature C. E. Thomas (M. D. or other) M.D.

Address Neosho, Mo. Date signed 10-16-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1140-2892

Date Filed NOV 18 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.