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-39  
123139

Registration District No. **609**

Primary Registration District No. **4363**

Registrar's No. **16**

1. PLACE OF DEATH: **Newton**  
 (a) County **Neosho**  
 (b) City or town **Neosho**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **613 W. Brook St.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1** (Specify whether  
 In this community **1** years, months or days)

3. (a) PRINT FULL NAME **REBECCA J. CREWS.**  
 3. (b) If veteran, name war **NONE**  
 3. (c) Social Security No. **NONE**

4. Sex **FEM.** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **LONNIE CREWS**  
 6. (c) Age of husband or wife if alive **74** years  
 7. Birth date of deceased **FEBRUARY 11 1862**  
 (Month) (Day) (Year)

8. AGE: Years **79** Months **0** Days **1**  
 If less than one day hr. min.

9. Birthplace **LIVINGSTON Co. MISSOURI (D)**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

MOTHER FATHER { 12. Name **WILLIAM MAYS.**  
 13. Birthplace **TENN. 1**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **MALINDA CALKAWAY**  
 15. Birthplace **VIRGINIA 1**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lonnie Crews**  
 (b) Address **Neosho Missouri**

17. (a) **Burial** (b) Date thereof **2-14-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Belfast Cemetery**

18. (a) Signature of funeral director **Copley Thompson**  
 (b) Address **Neosho Mo**

19. (a) **2-15-41** (b) **Orval R. Salum**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Newton** **73**  
 (c) City or town **Neosho** **392**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **613 W. Brook St.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9th** day **12th**  
 year **1941** hour **5:05** minute **P.** M.  
 21. I hereby certify that I attended the deceased from **1-18-41**  
 19... to **2-12-41** 19...;

that I last saw her alive on **2/9/41** 19...;

and that death occurred on the date and hour stated above.  
 Immediate cause of death **Pneumonia - left lobar** Duration

Due to **Cerebral hemorrhage of right side**

Due to

Other conditions **Arterio-sclerosis** **108**  
 (Include pregnancy within 8 months of death)

PHYSICIAN  
 Major findings:  
 Of operations **none**  
 Of autopsy **none**  
 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?

**5-11-43**  
 While at work? (Specify type of place)  
 (e) Means of injury

23. Signature **Melvin C. Bowman** M. D. or other **MD**  
 Address **Neosho, Missouri** Date signed **2-15-49**

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

**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

*Carey Thompson*

Licensed Embalmer No.

*3259*

P. O. Address

*Neosho, Mo*

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

**If this body is not embalmed, fact should be so stated above.**