No. 2
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4718

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Rural Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. 43 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community: 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Newton
(c) City or town: Neosho (If outside city or town limits, write "RURAL")
(d) Street No.: Route 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Caroline B Hathaway
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: Frank M Hathaway 6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: Jan (Month) 6th (Day) 63 (Year)
8. AGE: Years 78 Months 0 Days 22 If less than one day ____ hr. ____ min.
9. Birthplace: — (City, town, or county) Penn (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER 12. Name: Saml Nelson
13. Birthplace: Penn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret Nelson
15. Birthplace: Penn (City, town, or county) (State or foreign country)
16. (a) Informant: Hosp. Records
(b) Address: —
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Neosho Mo.
18. (a) Signature of funeral director: Carly Thompson
(b) Address: Neosho Mo.
19. (a) Jan 28, 41 (Date received local registrar) (b) Calen W Harp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 41 hour 12:35 minute a M.
21. I hereby certify that I attended the deceased from Jan 20th, 1941, to Jan 28, 1941 that I last saw he alive on Jan 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration
Due to: Gen Arteriosclerosis
Due to: Diabetes and senility
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): ____
(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? ____ While at work? ____ (Specify type of place) (e) Means of injury: ____
23. Signature: Thos A Hopkins (M. D. or other) (1)
Address: Neosho Mo Date signed: 1/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-229
Date Filed 2-5-41

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 Morley 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 wi the above constitutes grounds for revocation of license.)

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