

Registration District No. 409

Primary Registration District No. 4363

Registrar's No. 43

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: McDonald Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME LULA JANE CRUMBLISS

3. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DALLAS CRUMBLISS 6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB. 17 - 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 2 11 hr. min.

9. Birthplace NEOSHO MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name ADDISON WARNER

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

14. Maiden name MARY HAWK

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

16. (a) Informant Herbert O. Abbott

(b) Address Flisington, Kansas

17. (a) Burial (b) Date thereof 4-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100E NEOSHO, MO

18. (a) Signature of funeral director Looney Thompson

(b) Address Neosho Mo.

19. (a) 5-8-41 (b) Mal R. Sale, M.D.  
(Date received local registrar) (Registrar's signature)

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. SOUTH HIGH ST.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28<sup>th</sup>  
year 1941 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from April 25  
ev to April 28, 1941  
that I last saw h. ev alive on 28 of April, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Corbolic dilatation  
Acute Gastric dilatation  
Due to Acute haemorrhage  
in the brain  
Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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?  
543 (Specify type of place) (a) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature J. J. McDaniel (M. D. or other) MD  
Address Neosho Mo. Date signed April 29

RECEIVED  
DISTRICT HEALTH OFFICE NEW OR  
District File Number 541-813  
Date Filed MAY 16 1941

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 *Barley 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 with the above constitutes grounds for revocation of license.)

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