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FILLED JUL 15 1944

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22305

State File No. _____

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 77

1. PLACE OF DEATH: NEWTON
 (a) County NEOSHO
 (b) City or town NEOSHO
 (c) Name of hospital or institution: 307 NORTH AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 DAYS (Specify whether
 In this community 7 DAYS years, months or days)

3. (a) PRINT FULL NAME MATTIE RABEY
 3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 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 May 4 1858
 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 22 hr. _____ min. _____
 If less than one day

9. Birthplace SYRACUSE NEW YORK
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE RABEY
 13. Birthplace CAYWOOD ENGLAND
 (City, town, or county) (State or foreign country)
 14. Maiden name SIRAH THOMPSON
 15. Birthplace ENGLAND
 (City, town, or county) (State or foreign country)

16. (a) Informant John Campbell
 (b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof JUNE 28 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LOPE CEMETERY

18. (a) Signature of funeral director [Signature]
 (b) Address NEOSHO MISSOURI

19. (a) 7-6-41 (b) Orval Sabers, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County NEWTON
 (c) City or town NEOSHO RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. ROUTE 4 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUNE day 26
 year 1941 hour 5 minute 17 M.
 21. I hereby certify that I attended the deceased from 6/25/41, 19____, to 6/26/41, 19____;
 that I last saw her alive on 6/25/41, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown -
Died in sleep -
 Due to A lump in abdomen
possibly carcinoma
 Due to Senility
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 10
 Of autopsy _____

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?
545 (Specify type of place) _____ (e) Means of injury 3
 While at work? _____
 23. Signature Re Lawson (M. D. or other) _____
 Address Neosho MO Date signed 6/27/41

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

RECEIVED
District Health Officer
District File Number 747-1098
Date Filed JUL 11 1941
No. 6

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.....

Donald Reed

Registered Apprentice No. *202*

working under my personal supervision.

Signed.....

John B. Shaw

Licensed Embalmer No. *2689*

P. O. Address.....

Woods St

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.