FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22315

Registration District No. 609 Primary Registration District No. 3808 Registrar's No. 76

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON 93
(c) City or town: NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No.: COUNTY INFIRMARY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: CHARLES G. CARLSON
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: WIDOWED
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: DECEMBER (Month) 2 (Day) 1876 (Year)

8. AGE: Years 64 Months 6 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace: SWEEDEN (City, town, or county) (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business .....

FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant: Anna H. Sellers
(b) Address: Neosho Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Nelson Cemetery
18. (a) Signature of funeral director: Earley Thompson
(b) Address: Neosho Mo
19. (a) 7-1-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26 year 1941 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from March 1, 1941, to June 26, 1941; that I last saw him alive on June 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephritis (Chronic)	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: none
Of autopsy: none

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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature: R.C. Lawson (M. D. or other)
Address: Neosho Mo Date signed 6/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
4-41
7-39
X26390

RECEIVED
District Health Officer No. 6,
District File Number 741-1097
Date Filed JUL 11 1949

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 with the above constitutes grounds for revocation of license.)

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