

No. 2  
1-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28942

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 86

1. PLACE OF DEATH:  
(a) County. NEWTON  
(b) City or town. NEOSHO  
(c) Name of hospital or institution: 201 E. HICKORY /  
(d) Length of stay: In hospital or institution  
In this community. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County NEWTON  
(c) City or town NEOSHO  
(d) Street No. 201 E. HICKORY  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME ELWIN CLAY HEARRELL  
(b) If veteran, name war. L  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 1  
year 1941 hour 3 minute 15 p. M.  
21. I hereby certify that I attended the deceased from July 20 1940 to August 1 1941  
that I last saw him alive on August 1 1941  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife. VIOLA TENNESSEE HEARRELL 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased JULY 18 1856  
(Month) (Day) (Year)

Immediate cause of death. Uremia  
Duration About 1 wk.

8. AGE: Years 85 Months 3 Days P If less than one day hr. min.

Due to Carcinoma of liver  
Due to  
Other conditions None  
Major findings: Of operations None  
Of autopsy None

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

10. Usual occupation MERCHANT  
11. Industry or business RETIRED

MOTHER FATHER { 12. Name L. B. HEARRELL  
13. Birthplace TENNESSEE  
14. Maiden name TILITHA OLIVER  
15. Birthplace TENNESSEE

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant O. Hearrell  
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof AUG 3 1941  
(c) Place: burial or cremation 1009 Cemetery

18. (a) Signature of funeral director  
(b) Address NEOSHO MISSOURI  
19. (a) 8-2-41 (b) [Signature] (c) 5-1-3

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?  
(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 [Signature] (M. D. or other)  
Address Neosho, Mo. Date signed 8-2

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 441-1473

Date Filed SEP 10 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.....

Donald Reed

Registered Apprentice No. 702

working under my personal supervision.

Signed.....

J. B. [Signature]

Licensed Embalmer No. 7689

P. O. Address West Me

**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.**