

FILED JAN 21 1942

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 131

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:
E. SPRING ST
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
 (c) City or town NEOSHO
 (If outside city or town limits, write "RURAL")
 (d) Street No. E. SPRING ST
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RUBY CHRISTINE TAYLOR

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased NOVEMBER 13 1941
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 hr. min.

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name ELBERT TAYLOR

13. Birthplace EUREKA SPRS. ARKANSAS
 (City, town, or county) (State or foreign country)

14. Maiden name RUBY MAY VAUGHN

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

16. (a) Informant Elbert Taylor
 (b) Address Neosho Mo.

17. (a) Burial (b) Date thereof 12-13-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Leslie Thompson

(b) Address Neosho Mo.

19. (a) 12-31-41 (b) Wm. A. Sale, m.d.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day December
 year 1941 hour 10:45 minute 2 A. M.

21. I hereby certify that I attended the deceased from December 12
 1941 to Dec 13 1941

that I last saw her alive on Dec 12 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Duration 48.5 days

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Melvin M. Callough (M. D. or other) D.O.

Address Sav. Bk Bldg. Neosho Date signed 12/30/41

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

3
3
2

RECEIVED

District Health Officer No. 6,

District File Number 142-121

Date Filed JAN 13 1942

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 Andrew Forbis

Licensed Embalmer No. 2649

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.

Registration District No. **609**

Primary Registration District No. **4363**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Newsbo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ruby C. Taylor**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **December** day _____
year **1941** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
_____ 19____
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov 13 1911**
(Month) (Day) (Year)

Due to **Bronchopneumonia**
Due to **No Complications**
Low living conditions
unhygienic surroundings
Other conditions **Parents T. & L. W.**
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____
(If less than one day _____ hr. _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy **107**

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 **McCurry** (M. D. or other) **P.D.**
Address **Newsbo** Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

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

S-42604