

JUN 10 1942

State File No. \_\_\_\_\_  
Registrar's No. 199

Registration District No. 411 Primary Registration District No. 2002

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

1. PLACE OF DEATH:  
(a) County: JASPER  
(b) City or town: JOPLIN Mo  
(c) Name of hospital or institution: St. John Hospital  
(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. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: BETTY JEAN TROXEL  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 12 day MAY year 1942 hour 4:30 minute P. M.

4. Sex: FEMALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: SINGLE  
7. Birth date of deceased: August 29 1938 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	3	8	13	_____ hr. _____ min.

Immediate cause of death: Post-operative hemorrhage  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Due to \_\_\_\_\_

10. Usual occupation: NONE

Other conditions: \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_

MOTHER FATHER { 12. Name: HERBERT JOHN TROXEL  
13. Birthplace: NEWTONIA MISSOURI (City, town, or county) (State or foreign country)  
14. Maiden name: FANER MAY FROST  
15. Birthplace: NEWTONIA MISSOURI (City, town, or county) (State or foreign country)

Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

16. (a) Informant: Herbert Troxel

22. If death was due to external causes, fill in the following:

(b) Address: Neosho Missouri

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof: 5-14-1942 (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation: Neosho Mo.

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

18. (a) Signature of funeral director: Lorey Thompson

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address: Neosho Missouri

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

19. (a) 5-15-42 (b) Herbert Troxel (Date received local registrar) (Registrar's signature)

23. Signature: [Signature] (M. D. or other) \_\_\_\_\_

42.5.449

10001

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.....

*3649*

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.