

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 67

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: 1
(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. So. HIGH ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DALLAS FLOYD CROMBLISS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MALE 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 FEBRUARY 25 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name AUSTIN S. CROMBLISS
13. Birthplace MOUNT VERNON, MO.
(City, town, or county) (State or foreign country)
14. Maiden name ELLA SHEFFLER
15. Birthplace NO. DATA WISCONSIN
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert O. J. Platt
(b) Address Housing Kansas

17. (a) Burial (b) Date thereof 5-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F.O.F.

18. (a) Signature of funeral director Leeroy Thompson

(b) Address Neosho Mo.
19. (a) 5-6-42 (b) Leeroy Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 1942 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from March 12
1940, to May 2, 1942
that I last saw him alive on May 1
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Rheumatoid Arthritis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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)
Means of injury 2

23. Signature Dr. H. H. Bell (M.D. or other) D.O.
Address So. Park Bldg. Neosho Date signed 5/6/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

73
3
2

1110

RECEIVED

District Health Officer No. 6,

District File Number 642-860

Date Filed JUN 1 2 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 Fordis.....

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.