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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 18 1943
Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 135

73
3
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: SALE-BOWMAN HOSPITAL
(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. Stark St Rt 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BETTY JEAN DYSINGER

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

4. Sex FEMALE 5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased Dec 2, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>2</u>	hr. _____ min.

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

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER

12. Name Arther Dysinger

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

14. Maiden name Went

15. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Dysinger

(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof DEC 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GIBSON CEMETERY

18. (a) Signature of funeral director JC Bigham

(b) Address NEOSHO MISSOURI

19. (a) 12-11-1942 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 4
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 2 1942
to Dec 4 1942
that I last saw him alive on Dec 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to (Six months)

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 159

Of operations _____

Of autopsy _____

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)

Means of injury _____

23. Signature Paul Sale (M. D. or other) _____

Address Neosho Mo Date signed 12/4/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1110

(Licensed Embalmer's Statement on Reverse Side)

Date Received JAN 11 1943
File no. 1242-22

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 NOT EMBALMED

Licensed Embalmer No.....

P. O. Address.....

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.