

LED FEB 11 1943

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 3

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

1. PLACE OF DEATH:
 (a) County NEOSHO
 (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

3. (a) PRINT FULL NAME ROSE SAMMONS
 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 DIVORCED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased. NOVEMBER 18 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 18 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

MOTHER FATHER { 12. Name. JOE COPE

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

14. Maiden name. MANDIE COLE

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

16. (a) Informant Lou Cope
 (b) Address Neosho Mo.

17. (a) Burial (b) Date thereof. 12-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Male Cemetery
 18. (a) Signature of funeral director Lacey Thompson
 (b) Address Neosho Mo.

19. (a) 1-7-1943 (b) Lacey Thompson
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 6
 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Feb.
3, 1942, to Dec. 6, 1942;
 that I last saw her alive on Dec. 5, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus. Duration Several years.

Due to Not known

Due to _____

Other conditions None
(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 Quasdale (M. D. or other) _____

Address Neosho, Mo. Date signed 1-7-43

1110

Date Received FEB 6 1943
File No. - 143-6

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.....
Noah H. Johnson, Registered Apprentice No. *340*
working under my personal supervision.

Signed *Barley Thompson*
Licensed Embalmer No. *3259*
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.