S. No. 2
I—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2961

State File No.

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 141

73 0 0

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ROUTE # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town Neosho RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH WHITE
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm White
6. (c) Age of husband if alive 81 years
7. Birth date of deceased Feb (Month) 17 (Day) 1861 (Year)

8. AGE: Years 81 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Jasper (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business housewife
FATHER
12. Name Martin Mansfield
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Clara Mattis
(b) Address Neosho Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Keaney Cemetery
18. (a) Signature of funeral director Bigham Mortuary
(b) Address Neosho, Missouri
19. (a) 12-24-42 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 9 hour 30 minute P M.
21. I hereby certify that I attended the deceased from Jan 1941, to Nov 1942, that I last saw her alive on Nov 2 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Decompensation (Duration)
Due to Arteriosclerosis with Hypertension
Due to Chronic Interstitial Nephritis
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

3/0

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Melvin C. Bowman (M.D. or other) M.D.
Address Neosho, Mo Date signed Dec 23-42

1110

(Licensed Embalmer's Statement on Reverse Side)

Date Received JAN 11 1943
File No. 1242-16

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 Cole Stone Jr.

Licensed Embalmer No. 4176

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.