

S. No. 2
M-9-4-41
5-17-39
PI X29484

10956

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 18 1943

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 25

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 12 hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Newton

(c) City or town Neosho Rural 4
(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 _____

3. (a) PRINT FULL NAME Rosalee Carter

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23 year 1943 hour 12 minute 30 P.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Leonard Carter 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased MAY 23 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-23-43, 19____ to 3-23-43, 19____; that I last saw her alive on 3-23-43, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decomposition

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>10</u>	<u>0</u>	_____ hr. _____ min.

Due to Myocardial Infarction

Due to Chronic Interstitial Nephritis

Other conditions Post natal (one week)
(Include pregnancy within 3 months of death)

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

10. Usual occupation HOUSEWIFE

Major findings: Of operations none 13/A

Of autopsy none

11. Industry or business _____

12. Name JOHN DOUBNA

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

14. Maiden name MAUD HAUGHN

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

16. (a) Informant Leonard Carter

(b) Address Neosho Mo

17. (a) BURIAL (b) Date thereof MAR 25 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bidson

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? _____

18. (a) Signature of funeral director BIGHAMS

(b) Address NEOSHO MISSOURI

19. (a) 4-1-43 (b) Early Thompson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Melvin C. Bowman (M. D. or other) MD

Address Neosho Mo Date signed 2/2/43

1110

(Licensed Embalmer's Statement on Reverse Side)

Date Received APR 5 1943

File No. 343-40

subject died
embalmed

APR 10 1943

John J. [unclear]
[unclear]

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.....

O. G. Stone Jr.

Licensed Embalmer No. *4126*

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.