

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. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME HARRY FRIEND

3. (b) If veteran, name war NONE

3. (c) Social Security No. 500-097025

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2 year 1943 hour 12:03 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MARY ELLEN FRIEND 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased DECEMBER 9, 1904
(Month) (Day) (Year)

that I last saw him alive on April 2, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Myxomatous pneumonia Duration _____

8. AGE: Years Months Days If less than one day

38 3 23 _____ hr. _____ min.

Due to Accident in which left shoulder was fractured - Chest ~~was~~ crushed

Due to Myxomatous pneumonia

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

Other conditions. (Include pregnancy within 3 months of death)

1860a

10. Usual occupation LABORER

11. Industry or business ROY ANDERSON CONTRACTOR

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name BILL FRIEND

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

14. Maiden name STELLA FOSTER

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

16. (a) Informant Mary Ellen Friend

(b) Address Neosho Mo.

17. (a) Burial (b) Date thereof 4-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilson Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident OK

(b) Date of occurrence 3-29-43

(c) Where did injury occur? Neosho Newton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at work trimming trees
(Specify type of place) (e) Means of injury fell from tree

18. (a) Signature of funeral director Corley Thompson

(b) Address Neosho Mo.

19. (a) 4-19-1943 (b) Corley Thompson
(Date received local registrar) (Registrar's signature)

23. Signature Melvin P. Bowman M. D. or other MD

Address Neosho, Mo. Date signed April 29-43

1110

Date Received APR 26 1943

License no. 443-70

MAY 6 1943

APR 28 1943

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 *Boley Thompson*
Licensed Embalmer No. *3259*

P. O. Address *Needs 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.