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DM-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15001

State File No.

FILED APR 29 1943 45

Registration District No. 45

Primary Registration District No. 5836

Registrar's No. 34

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution RURAL
(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 RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEOSHO R#3
(If rural, give location)

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

3. (a) PRINT FULL NAME VERLIN GENE MIDDLETON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11
year 1943 hour 9 minute P.M.

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

4. Sex MALE 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 JANUARY 22 1943
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Died of injuries sustained in home blown down in C. storm

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

2 19 _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1917-8

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

10. Usual occupation INFANT

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name GARLAND MIDDLETON

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

14. Maiden name HARREL HOLLOWAY

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

16. (a) Informant Garland Middleton

(b) Address Neosho Mo. R#3

17. (a) Burial (b) Date thereof 4-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belfast Cemetery

18. (a) Signature of funeral director Barley Thompson

(b) Address Neosho Mo.

19. (a) 4-18-43 (b) Barley Thompson
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 4-11-43

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.P. Reynolds, Registrar (M. D. or other)

Address Neosho Mo. Date signed 4-18-43

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

Date Received APR 26 1943

File no. 443-75

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.....

working under my personal supervision.

Noah H. Johnson

Registered Apprentice No. 340

Signed *Corley 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.