

Registration District No. 245Primary Registration District No. 3047Registrar's No. 58

## 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:  
419 Washington Ave.  
 (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) 29 Years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Robert Alexander Mabe

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Sophonra Mabe 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased November 4, 1862  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
80 6 29 hr. \_\_\_\_\_ min.9. Birthplace Baldwin Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Carpenter12. Name Karkin Mabe13. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)14. Maiden name Julia Ann Snodgrass15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Sophonra Mabe  
(b) Address 419 Washington Ave. Neosho17. (a) Burial (b) Date thereof 6-5-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Gibson Cemetery18. (a) Signature of funeral director Barley Thompson(b) Address Neosho Missouri19. (a) 6-18-1943 (b) Barley 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. 419 Washington Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1943 hour 5:50 minute P. M.21. I hereby certify that I attended the deceased from July 7<sup>th</sup>  
1943 to June 13<sup>th</sup> 1943  
that I last saw him alive on June 13<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Thrombia Duration \_\_\_\_\_Due to Arterio-sclerosis and Chronic Interstitial NephritisOther conditions None  
(Include pregnancy within 3 months of death)Major findings:  
Of operations none 131a  
Of autopsy none 131a  
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 W. Melvin C. Brown (M.D. or other) MD  
Address Neosho, Mo. Date signed June 18, 43

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

Date Received JUN 28 1943

File no. 743-120

JUL 2 1943

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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

*Worley 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.