

REG. AUG 9 1943
Registration District No.

Primary Registration District No. 5836

Registrar's No. 68

1. PLACE OF DEATH: **Newton**

(a) County: **Neosho Rural**

(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: **62 years** (Specify whether years, months or days)

In this community: **62 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **Newton 73**

(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? **0** (Yes or No)
If yes, name country: **0**

3. (a) PRINT FULL NAME: **Blanche Vassar**

3. (b) If veteran, name war: **No.**

3. (c) Social Security No.

4. Sex: **female**

5. Color or race: **white**

6. (a) Single, widowed, married, divorced: **widow**

6. (b) Name of husband or wife: **Jess Vassar**

6. (c) Age of husband or wife if alive, years: **1881**

7. Birth date of deceased: **April 1 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **3** Days **6**
If less than one day, hr. min.

9. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: **Dr. John Oakes**

MOTHER FATHER { 12. Name: **Dr. John Oakes**

13. Birthplace: **Maine /**
(City, town, or county) (State or foreign country)

14. Maiden name: **Isabella Kimmell**

15. Birthplace: **Ohio /**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Vivian Vassar**

(b) Address: **Neosho, Mo**

17. (a) (Burial, cremation, or removal): **burial**

(b) Date thereof: **July 8 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation: **I.O.O.F. Cemetery**

18. (a) Signature of funeral director: **[Signature]**

(b) Address: **Neosho, Mo**

19. (a) **7-22-1943** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: **July 7 1943**
Month **July** day **7**
year **1943** hour **6** minute **30** **4 M.**

21. I hereby certify that I attended the deceased from **July 2 1943** to **July 6 1943**
and that death occurred on the **day** and hour stated above.

that I last saw her alive on **July 6 1943**

Immediate cause of death: **Apoplexy**

Due to: **Arteriosclerosis**

Due to: **Arteriosclerosis**

Other conditions: **83a!**
(Include pregnancy within 3 months of death)

Major findings: **83a!**

Of operations: **83a!**

Of autopsy: **83a!**

Duration

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? **-**

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

While at work? **[Signature]** (Specify type of place)

(e) Means of injury: **[Signature]**

23. Signature: **[Signature]** (M. D. or other) **MD**

Address: **Neosho Mo** Date signed: **7-7-43**

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

RECEIVED

8-6-43

District Health Officer No.

District File Number 843-148

Date Filed 8-7-43

APR 11 1958

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 J. B. Bishop

Licensed Embalmer No. 2689

P. O. Address Wesley St

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.