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5-43  
17-39  
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FILED DEC 6 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5837

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:  
NEESHE MO. R. # 1  
(If an apartment or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Neeshe MO. R. F. D.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Aray Nettie Hooks,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 10th, 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th, year 1943 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-31, 1939 to Nov 9, 1943, that I last saw her alive on Nov 8 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months I Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper

Immediate cause of death Cardiac Decompensation

Due to Hypertension

Due to Chronic Interstitial nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

11. Industry or business \_\_\_\_\_

12. Name George Turney

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

14. Maiden name First Name Unknown Kepper

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Grumbis  
(b) Address Neeshe MO. R.F.D.

17. (a) Burial (b) Date thereof 11-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cemetery

18. (a) Signature of funeral director James W. Rehill  
(b) Address Goodman

19. (a) 11-17-1943 (b) Carey 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) \_\_\_\_\_

(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 Merwin C. Burman (M.D. or other) M.D.  
Address Neeshe, Mo Date signed 11-16-43

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

MOTHER, FATHER

1110

RECEIVED 12-1-43

District Health Officer No. ....

District File Number 1243-216 .....

Date Filed 12-3-43 .....

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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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.