

FILED FEB 24 1944

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural - Neosho Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Neosho Mo. R.F.D. # 1.
(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

3. (a) PRINT FULL NAME Curtis Leonard House

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 Infant

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

7. Birth date of deceased November 22, 1943
(Month) (Day) (Year)

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

1 19 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Cleo Lee House

13. Birthplace Newton Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ray Lavina Large

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

16. (a) Informant Cleo House

(b) Address Neosho Mo. R. F. D. # 1.

17. (a) Burial (b) Date thereof 1-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho 2094 Cem.

18. (a) Signature of funeral director Bailey Thompson

(b) Address Neosho Missouri

19. (a) 1-13-1944 (b) Bailey Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural - Neosho Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Neosho Mo. R. F. D. # 1.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1944 hour Not Known minute _____ M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death
Probably Influenza

Due to _____

Due to _____

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

Major findings:
Of operations 33a

Of autopsy _____

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 3

23. Signature J. P. Reynolds CORNER
Address Neosho Mo. Date signed 1-13-44

1110

RECEIVED

District Health Officer No. 2-22-44

District File Number 144-24

Date Filed 2-22-44

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 *Barley Thompson*.....

Licensed Embalmer No. *9259*.....

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.