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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 18

73  
3  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Neosho  
(c) Name of hospital or institution: Sale Memorial Hospital  
(d) Length of stay: In hospital or institution. 1 Day

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton  
(c) City or town Neosho  
(d) Street No. North St  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Hattie Sarah Pellard  
(b) If veteran, name war ..... (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 19 year 1944 hour 8 minute 0 M.  
21. I hereby certify that I attended the deceased from Feb 18 1944 to Feb 19 1944  
that I last saw her alive on Feb 19 1944  
and that death occurred on the date and hour stated above.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Robert Pellard 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Sept 5 1906

Immediate cause of death Obstruction  
Due to post operative adhesions  
Due to .....  
Other conditions Toxemia  
Major findings: Of operations pelvic operation  
Of autopsy none

8. AGE: Years 37 Months 5 Days 14 If less than one day ..... hr. .... min.  
9. Birthplace Neosho Missouri  
10. Usual occupation Housewife

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) (a) Months of injury 0

MOTHER, FATHER {  
11. Industry or business .....  
12. Name Mill Severs  
13. Birthplace Neosho Missouri  
14. Maiden name Mona Turley  
15. Birthplace Don't know  
16. (a) Informant Robert Pellard  
(b) Address Neosho Mo  
17. (a) Burial (b) Date thereof 2-23-44  
(c) Place: burial or cremation 8007 Cemetery  
18. (a) Signature of funeral director J. Pughman  
(b) Address Neosho Mo  
19. (a) 2-29-1944 (b) Carey Thompson

23. Signature Melvin P. Courman M.D. or other MD  
Address Neosho, Mo Date signed Feb 25-44

**RECEIVED** 3-9-44  
District Health Officer No. [REDACTED]  
District File Number 244-43  
Date Filed 3-10-44

**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 J. B. Bigham  
Licensed Embalmer No. 7684  
P. O. Address Measha

**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.**