DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1944

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15331

State File No.

Primary Registration District No. 3047

Registrar's No. 33

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: 314 N. Jefferson
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho 2
(If outside city or town limits, write "RURAL")

(d) Street No. 314 N. Jefferson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary E. Tretbar

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married: 2 divorced Widow

6. (b) Name of husband or wife Chas. Tretbar

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

7. Birth date of deceased Feby (Month) 5 (Day) 1868 (Year)

8. AGE: Years 72 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Evans
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant George Tretbar
(b) Address Neosho Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Neosho Missouri

19. (a) 4-1-1944 (Date received local registrar) (b) Corey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 13 year 1944 hour about 9 minute 30 p M.

21. I hereby certify that I attended the deceased from [illegible], 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94.2

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Reynolds B. CORONER (M. D. or other)

Address Neosho Mo Date signed 3-14-44

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-15-44
District Health Officer No.
District File Number 444-24
Date Filed 4-25-44

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. E. Bigham

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.