

FILED MAY 18 1944  
Registration District No. 2

Primary Registration District No. 3047

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSH0  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution;  
518 N. High St. 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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73  
(c) City or town NEOSH0 5  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 518 N. High St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME BERTHA GOBLE

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 MARRIED

6. (b) Name of husband or wife W.C. GOBLE 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased MARCH 10 1892  
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace UNION TOWN KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name IKE ARTHUR

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

14. Maiden name MATTE COWEN

15. Birthplace UNION TOWN KANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant W.C. Goble  
(b) Address 518 N. High Neosho Mo.

17. (a) BURIAL (b) Date thereof 4-20-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GIBSON, CEMETERY

18. (a) Signature of funeral director Loealy Thompson  
(b) Address Neosho Mo.

19. (a) 4-27-1944 (b) Loealy Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16  
year 1944 hour 3:45 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar 2-1944  
to April 16 1944  
that I last saw her alive on April 16-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (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 0

23. Signature Paul C. Davis (M. D. or other) M.D.  
Address Neosho, Mo. Date signed 4/27/44

1110

RECEIVED

District Health Officer No. 5-15-44  
District File Number 5-44-103  
Date Filed 5-16-44

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 *Carey Thompson* .....

Licensed Embalmer No. *3259* .....

P. O. Address *Needs 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.