

FILED SEP 14 1944

State File No.

Registration District No. 2083

Primary Registration District No. 3047

Registrar's No. 71 89

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

23
3
2

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:
111 W. Hickory
(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

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

(d) Street No. 111 W. Hickory
(If rural, give location)

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

3. (a) PRINT FULL NAME Sallie Hughes Coulter

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1944 hour 6 minute 30 P. M.

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

21. I hereby certify that I attended the deceased from Jan 1940 to Aug 13 1944
that I last saw her alive on Aug 13 1944
and that death occurred on the date and hour stated above.

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

Immediate cause of death Coronary Thrombosis

6. (b) Name of husband or wife E.C. Coulter 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 25 1882
(Month) (Day) (Year)

Due to Arteriosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>18</u>	hr. min.

Due to.....

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

Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
Of operations none
Of autopsy none

11. Industry or business.....

12. Name James H. Hughes

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

14. Maiden name Mamie Jones

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

16. (a) Informant E.C. Coulter

(b) Address Neosho Missouri

17. (a) Burial (b) Date thereof Aug 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100 F Cemetery

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.....

23. Signature Melvin P. Bourman (D. or other) MD
Address Neosho Mo Date signed 8-27-44

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RECEIVED SEP 12 1944

District Health Officer No. _____
District File Number 844-181
Date Filed SEP 12 1944

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. [Signature]
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 with the above constitutes grounds for revocation of license.)

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