

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 107

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: Sale Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton ⁷³
(c) City or town Granby ⁶
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Jeanette Gayle Atchison

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 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 17 1944
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 26 hr. _____ min. If less than one day

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Elmer Atchison
13. Birthplace Praeger Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Elsie Finelag
15. Birthplace Bear Lake Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Atchison
(b) Address Camp Crowder Mo
17. (a) Burial (b) Date thereof 10-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director Jarvisham
(b) Address Neosho Missouri
19. (a) 10-14-1944 (b) Gary Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1944 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from Sept 13
1944 to Oct 13 1944
that I last saw him alive on Oct 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Tracheo Esophageal Fistula Duration 7 days

Due to 1570
Due to _____

Other conditions Spina-Bifida with Hydrocephalus 1 mo
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature Robert M. Leflew (M. D. or other) MD
Address Neosho Mo Date signed 10/13/44

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

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RECEIVED OCT 28 1944

District Health Officer No.

District File Number 1044-210

Date Filed OCT 30 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.....
Not Embalmed Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.