

FILED DEC 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 124

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:
416 W. SPRING ST.
(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 7-3

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

(d) Street No. 416 W. SPRING ST.
(If rural, give location)

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

3. (a) PRINT FULL NAME NELLIE FULLER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 26
year 1944 hour 4:45 minute a . M.

21. I hereby certify that I attended the deceased from Feb 12,
1942 to Nov 26 1944
that I last saw her alive on Nov 25 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 WIDOWED

6. (b) Name of husband or wife CLAUD FULLER

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

7. Birth date of deceased: JANUARY 31 1901
(Month) (Day) (Year)

Immediate cause of death Carcinoma of uterus 2 yrs
Duration

8. AGE: Years 43 Months 9 Days 25
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation FT HOME

Major findings: Thrombosis confirmed by app. Laboratory

Of operations _____

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name J. W. WINN

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

14. Maiden name ETTA VAN EATEN

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

16. (a) Informant Marjorie Bruce

(b) Address 416 W. Spring, Neosho Mo.

17. (a) burial (b) Date thereof 11-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho S. & G. Cemetery

18. (a) Signature of funeral director Wiley Thompson

(b) Address Neosho Mo.

19. (a) 12-7-1944 (b) Wiley Thompson
(Date received from registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature Melvin McCallough (M. D. or other) D.O.
Address Neosho, Mo Date signed 11/28/44

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

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3
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RECEIVED DEC 13 1944
District Health Officer No. _____
District File Number 1144-254
~~Date Filed~~ DEC 13 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 Corley Thompson
Licensed Embalmer No. 3259
P. O. Address Nesha 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.