

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2973**

FILED JAN 21 1945

Registration District No. _____

Primary Registration District No. **5836**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **NEWTON**
 (b) City or town **RURAL - NEOSHO TWP.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
NEOSHO Mo. R#4
(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 **RURAL - NEOSHO TWP.** **0**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. **NEOSHO R#4**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **11**

3. (a) PRINT FULL NAME

CORA LEE STUART

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 **JOE STUART**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **JANUARY 21 1898**
(Month) (Day) (Year)

8. AGE: Years **46** Months **11** Days **25**

If less than one day _____ hr. _____ min.

9. Birthplace **ST. PAUL ARKANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **OWN HOME**

12. Name **JAMES BRYANT**

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

14. Maiden name **SUSAN LANGLEY**

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

16. (a) Informant **Debra G. Villines**

(b) Address **R#4, Neosho Mo.**

17. (a) **REMOVAL** (b) Date thereof **1-19-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HARRISON ARKANSAS**

18. (a) Signature of funeral director **Barney Thompson**

(b) Address **Neosho Mo.**

19. (a) **1-16-1945** (b) **Barney Thompson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **15** year **1945** hour **2:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Nov 1 - 1944** to **Jan 15 1945**
 that I last saw her alive on **Jan 15 1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular 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 _____

23. Signature **Paul C Davis** (M. D. or other **M.D.**)
 Address **Neosho, Mo.** Date signed **1/16/45**

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

13000

1110

RECEIVED JAN 29 1945

District Health Officer No. _____

District File Number 145-5

Date Filed JAN 29 1945

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 _____

Licensed Embalmer No. 3259

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.