

**FILED MAR 5 1946**  
Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **16**

1. PLACE OF DEATH: **Newton**  
 (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: **707 Oakridge Drive**  
 (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. **West Coler Street**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Crecia Caroline Tague**

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 **I.N. Tague** 6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **August 8 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>6</b>		hr. _____ min. _____

9. Birthplace **Texas County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **William Shelley**

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

14. Maiden name **Mary Hoerner**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Charles Weber**

(b) Address **Neosho, Missouri**

17. (a) **burial** (b) Date thereof **2-10-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Cemetery**

18. (a) Signature of funeral director **Paul C Davis**  
(b) Address **Neosho Mo**

19. (a) **2-23-1945** (b) **Paul C Davis**  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**  
year **1945** hour **10** minute **10** p. M.

21. I hereby certify that I attended the deceased from **June 1 - 1944** to **Feb 8 1945**

that I last saw her alive on **Feb 9 1945** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of ascending Colon and Cecum**

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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

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) **MD**  
Address **Neosho, Mo.** Date signed **Feb 45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1110

**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.

RECEIVED MAR 2 1945

District Health Officer No. ....

District File Number 245-23

Date Filed MAR 2 1945

Signed J. B. Bushman

Licensed Embalmer No. 2689

P. O. Address Washington

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.