S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34259

FILED NOV 9 1945

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: Sale Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (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.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bobbie Sue Yage
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
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 18 (Day) 1945 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name Robert Yage
13. Birthplace Lebanon (City, town, or county) Missouri (State or foreign country)
14. Maiden name Betty Lou Pruitt
15. Birthplace Prosperine (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Robert Yage
(b) Address Neosho Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo.
18. (a) Signature of funeral director Thompson Funeral Home
(b) Address Neosho Mo.
19. (a) 10-20-45 (Date received local registrar) (b) Melvin O. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1945 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from 10-18-1945 to 10-20-1945 that I last saw her alive on 10-20-1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Do not Know	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	2 days
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul E. Davis (M. D. or other) M.D.
Address Neosho, Mo Date signed 10/20/45

146 (Licensed Embalmer's Statement on Reverse Side)

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.

Infant not embalmed

RECEIVED ... 1945.

District Health Officer No.

District File Number 1045-199

Date Filed ... 1945

Signed Orling M. Dungy

Licensed Embalmer No. No 3566

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.