

FILED DEC 12 1945

Registration District No. 2

Primary Registration District No. 3047

Registrar's No. 147

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

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: Sole Memorial Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 hours (Specify whether  
 In this community Eight years 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. 511 S. College  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Millie B Evans  
 (b) If veteran, name war No  
 (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 30<sup>th</sup>  
 year 1945 hour 2 minute 18 P.M.  
 21. I hereby certify that I attended the deceased from Nov 11 1945  
 \_\_\_\_\_, 19\_\_\_\_, to Nov 30, 1945.  
 that I last saw h.e. alive on 30 Nov, 1945  
 and that death occurred on the date and hour stated above.

4. Female 5. Color White  
 6. (a) Single, widowed, married, divorced  
 (b) Name of husband or wife O. M. Evans  
 (c) Age of husband or wife if Deceased years  
 7. Birth date of deceased May 15 1875  
 (Month) (Day) (Year)

Immediate cause of death  
Acute myocardial Failure  
 Duration 48 hrs.

8. AGE: Years 70 Months 6 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Asthma, Chronic  
+ Gastric Ulcer

9. Birthplace Herdsburg Germany  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House Wife

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

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Robert Engelhardt  
 13. Birthplace unknown Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Matilda Engelhardt  
 15. Birthplace unknown Germany  
 (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Sidonia Louise Morris  
 (b) Address 1409 Northwest 19<sup>th</sup> St Oklahoma City, Okla

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)

17. (a) Burial (b) Date that December 3 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Grove Missourie  
 18. (a) Signature of funeral director The Higham Mortuary  
 (b) Address Neosho Missouri  
 19. (a) Dec 3 1945 (b) Melvin C. Rossman  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury D  
 23. Signature Harold C. Lentz (M. Doctor)  
 Address 113 W. Hickory Neosho Date signed Dec 11 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.

RECEIVED DEC 8 1945

District Health Officer No. ....

District File Number 1145-231

Date Filed DEC 10 1945

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.**