

S. No. 2  
M-2-43  
7. 5-17-39  
K35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38067**

**FILED DEC 12 1945**

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **136**

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: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Two years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton 73**  
(c) City or town **Neosho 3**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Mrs. Laura Shaddox**

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16**  
year **1945** hour **11** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **November 11**, 1945, to **Nov. 16**, 1945;  
that I last saw her alive on **November 11**, 1945;  
and that death occurred on the date and hour stated above.

4. **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband **Clifford Shaddox** 6. (c) Age of husband or wife if alive **Deceased 1913 years**

7. Birth date of deceased: **February 12 1873**  
(Month) (Day) (Year)

Immediate cause of death **Apoplexy of the brain**  
**Color**

8. AGE: Years **72** Months **9** Days **4**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Old Eagle Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy **462**

MOTHER FATHER

12. Name **John Woodell** **9**

13. Birthplace **unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Huchaby**

15. Birthplace **unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bob Shaddox**

(b) Address **Rogers Arkansas**

17. (a) **Removal** (b) Date thereof **11 17 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elm Springs Arkansas**

18. (a) Signature of funeral director **R. D. Callison**

(b) Address **Rogers Arkansas**

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **C. E. Mauer** (M. D. or other) **MD**  
Address **Nov 21 - Neosho, MO** Date signed **12/17/45**

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

13  
3  
2

1482

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.

Body was embalmed in  
Arkansas.

RECEIVED

DEC 8

1945

Signed

A. D. Callison

District Health Officer No. ....

Licensed Embalmer No.....

District File Number

1145-219

P. O. Address... Rogers, Arkansas

Date Filed

DEC 1 1945

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.