41968

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 157

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 4 days (Specify whether years, months or days)

In this community Thirty-Five Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho, Missouri 3 (If outside city or town limits, write "RURAL")

(d) Street No. 502 S. Hamilton St 2 (If rural, give location)

(e) Citizen of foreign country? [redacted] (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES S. MABREY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Maggie C. Ellis Mabrey

6. (c) Age of ~~husband~~ or wife if alive 62 years

7. Birth date of deceased September (Month) 13 (Day) 1881 (Year)

8. AGE: Years 64 Months 3 Days 11 If less than one day — hr. — min.

9. Birthplace Campbell Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Railway Mail Clerk

11. Industry or business M & H Railroad

FATHER
12. Name William F. Mabrey
13. Birthplace Campbell Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name M F Freece
15. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Maggie C. Ellis Mabrey

(b) Address 502 S. Hamilton St. Neosho Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26 45 (Month) (Day) (Year)

(c) Place: burial or cremation IDOF Cemetary

18. (a) Signature of funeral director Bigham Mortuary

(b) Address Neosho, Mo. 200 E Spring

19. (a) Dec. 28, 1945 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th year 1945 hour 6:30 am minute M.

21. I hereby certify that I attended the deceased from Dec 20th 1945 to Dec 24th 1945 that I last saw him alive on Dec 24th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Shock - from accident

Due to hemothorax on left side and hemorrhage into right lung

Due to fractured ribs which punctured left lungs

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) accident 73

(b) Date of occurrence Dec 20th 1945

(c) Where did injury occur? Neosho (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street of Neosho, Mo (Specify type of place)

While at work? going to work (e) Means of injury Hit by car

23. Signature Melvin C. Bowman (M. D. or other) MD

Address Neosho, Mo Date signed 12-28-45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 1245-262
Date Filed 4/7/46

FEB 27 1946

COMM 14 1946

FEB 1 1946

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 Warren L. Lammah

Licensed Embalmer No. 4400

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.