No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13962

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 43

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: 1203 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 17 years.

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. 1203 N. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Thomas Crisp
3. (b) If veteran, name war
3. (c) Social Security No. 500-09-2165

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 20 (Day) 1890 (Year)

8. AGE: Years 55 Months 10 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Phil Thomas
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER 14. Maiden name Lizzie Johnson
15. Birthplace (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Clarence Riley
(b) Address Neosho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill.
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho, Mo.
19. (a) Apr. 26, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1946 hour 10:05 minute a. M.
21. I hereby certify that I attended the deceased from 4-16, 1946 to 4-16, 1946 that I last saw h alive on 4-16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (Left side) — Duration
Due to
Due to
Other conditions Carcinoma of Cervix
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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 F. F. Whitehead (M. D. or other)
Address Neosho Mo. Date signed 4-26-46

223

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No.

District File Number 546-70

Date Filed 5-13-46

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 George Trammell, Registered Apprentice No. 391 working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

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.