S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24436

State File No.

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 61

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: Newton 73
(a) State Missouri (b) County Missouri
(c) City or town Neosho Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 706 Harmony St. 2
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Chorum McNatt
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 Mary McNatt
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug. 31 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Lawrence County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Railroad
11. Industry or business
FATHER
12. Name Jim McNatt
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary McNatt
(b) Address Neosho, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Shrader Cemetery
18. (a) Signature of funeral director Shrader Funeral Home
(b) Address Neosho, Mo.
19. (a) 7-20-46 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1946 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Feb 1940 to July 16 1946 that I last saw him alive on July 16 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 1 week
Chronic Interstitial Nephritis
Due to Hypertrophied Prostate
Due to Arteriosclerosis
Other conditions Probable Malignant Prostate
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

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 Melvin C. Bowman (M. D. or other) M.D.
Address Neosho, Mo. Date signed July 20 1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 746-98
Date Filed 7-24-46

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 ....., Registered Apprentice No. ....., 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.