

3. No. 2
M-2-43
5-17-39
X35697

FILED SEP 30 1946
Registration District No. 247

Primary Registration District No. 5836

State File No. _____

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
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")

(d) Street No. _____
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Rose Harrison Herbert

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 16 1946, to _____ 1946;
that I last saw him alive on July 18 1946,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: _____ (Month) _____ (Day) 1889 (Year)

Immediate cause of death: Pulmonary Tuberculosis Duration 6 mo.

8. AGE: 57 Years; _____ Months; _____ Days; _____ If less than one day
hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Carnel County Ark /
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry Truck Driver

Major findings: 12/13

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name J. C. Herbert

13. Birthplace Wassille Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Waakes

15. Birthplace Carnel County Ark /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Herbert

(b) Address Rogers, P.O. 2, Ark

17. (a) _____ (b) Date thereof 8-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007 cemetery

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? _____

18. (a) Signature of funeral director Thompson Funeral Home

(b) Address Neosho, Mo.

19. (a) 8-12-46 (b) M. E. Young
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of Injury 0

23. Signature Harold C. Lentz (M. D. or other) _____
Address Neosho Mo. 2 Date signed Aug 15, 1946

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

RECEIVED

District Health Officer No. *Keneto*
District File Number *946-143*
Date Filed *9-26-46*

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 R. 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.