

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 31 1947

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 9

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 0  
(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 RURAL 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEOSH. R.F.D. #5 0  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LELA LOYE

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CARL LOVE 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased SEPTEMBER 6 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 17 hr. min.

9. Birthplace DADE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name JAMES TUCKER

13. Birthplace DADE COUNTY MISSOURI 0  
(City, town, or county) (State or foreign country)

14. Maiden name MATTIE CARSON

15. Birthplace DADE COUNTY MISSOURI 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Bail Love

(b) Address Neosho Mo. R#5

17. (a) Burial (b) Date thereof Jan 25 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Missouri

18. (a) Signature of funeral director Walter Thompson  
(b) Address Neosho Missouri

19. (a) Jan 24 1947 (b) Melvin L. Bowman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23  
year 1947 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from Nov 30  
1946 to Jan 23 1947  
that I last saw hu alive on Jan 23 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary thrombosis Duration \_\_\_\_\_

Due to phlebitis of left femoral vein

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 111A

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature F. J. Whitaker (M. D. or other) \_\_\_\_\_  
Address Neosho Mo Date signed 1-24-47

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

MOTHER FATHER

**RECEIVED**  
District Health Officer Dr. Newton  
District File Number 147-18  
Date Filed 1-29-47

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.