

S. No. 2  
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S-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 7 1947**

THE STATE BOARD OF HEALTH OF OKLAHOMA  
**STANDARD CERTIFICATE OF DEATH**

14356

State File No. \_\_\_\_\_  
Registrar's No. 38

Registration District No. 243 Primary Registration District No. 3047

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

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:  
424 So. RIPLEY ST.  
(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)

3. (a) PRINT FULL NAME ANNA BELLE CARR  
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 LESLIE CLYDE CARR  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased OCTOBER 30 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 9 hr. min.

9. Birthplace MONTEVILLA MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

MOTHER, FATHER { 11. Industry or business \_\_\_\_\_  
12. Name J. G. ROARK  
13. Birthplace Missouri  
14. Maiden name QUEEN ELIZABETH BROWN  
15. Birthplace Missouri

16. (a) Informant A. C. Carr  
(b) Address Vinita Oklahoma  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Neosho 2009. Cem.

18. (a) Signature of funeral director Carley Thompson  
(b) Address Neosho Mo.  
19. (a) May 2, 1947 (Date received local registrar) (b) Melvin C. Boneman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State OKLAHOMA (b) County CRAIG  
(c) City or town VINITA  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 9  
year 1947 hour 2:55 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Feb 26  
\_\_\_\_\_, 1947, to April 7, 1947.  
that I last saw her alive on April 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46 B  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(k) Means of injury \_\_\_\_\_  
23. Signature Melvin C. Boneman (M. D. or other) D.O.  
Address Neosho Mo. Date signed 4/18/47

1948  
AUG 10

AUG 19 1948

**RECEIVED**

District Health Officer No. Newton  
District File Number 5-47-91  
Date Filed 5-5-47

**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 Corey 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.