

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 6 1947**

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

**18224**

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

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 46

**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:  
501 E. McKinney  
(If not in hospital or institution, write street number or location)

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

In this community All Life years, months or days

**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. 501 E. McKinney  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Alice P. Graves

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased: Aug 13 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>8</u>	<u>16</u>	hr. min.

9. Birthplace Warsaw Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name W. I. Price

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mary Slattery

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. M. Campbell

(b) Address 501 E. McKinney

17. (a) Burial (b) Date thereof 4/30/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. C. F. Cem. Neosho

18. (a) Signature of funeral director Bigham Mortuary

(b) Address Neosho Mo.

19. (a) May 29, 1947 (b) Melvin C. Roman  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 29th  
year 1947 hour 1.45 A. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 1947  
that I last saw her alive on April 28, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute  
Dilatation of the heart  
due to senility  
Due to Chronic myocarditis

Duration

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature C. E. Maness (M. D. or other) MD  
Address Neosho, Mo. Date signed 4-30-47

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

RECEIVED

District Health Officer No. Newton  
District File Number 647-110  
Date Filed 6-4-47

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.....

*Lucia Thonhill*

Licensed Embalmer No. ....

3590

P. O. Address.....

*Joplin, 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.