

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31932
State File No. _____
Registrar's No. 90

Registration District No. 245 Primary Registration District No. 3047

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:
701 Joplin Street
(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. 701 Joplin Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME J. B. Thorn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 23
year 1947 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 23
1947 to Sept 23 1947
that I last saw him alive on Sept 23 1947
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 Divorce
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August 6 1867
(Month) (Day) (Year)

Immediate cause of death Ruptured Appendix Duration _____

8. AGE: Years Months Days If less than one day
80 1 17 hr. _____ min.

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

9. Birthplace Keosauqua Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Unknown

Major findings: None
Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant H.A. McMillian
(b) Address 701 Joplin Street, Neosho

17. (a) Burial (b) Date thereof 9-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation County Cemetery

18. (a) Signature of funeral director B. G. H. Mortuary
(b) Address 200 E. Spring St. Neosho, Mo.

19. (a) Sept 25, 1947 (b) Melvin L. Bonman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(d) Date of occurrence _____
(e) 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 _____
23. Signature B. G. H. Mortuary (M. D. or other) MD
Address Neosho Mo Date signed 9-25-47

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

RECEIVED

District Health Officer No. Newton

District File Number 1047-195

Date Filed 10-2-47

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 K. G. White

Licensed Embalmer No. 4240

P. O. Address Heosko, 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.