

FILED SEP 24 1947

State File No.

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Verona

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

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

(d) Length of stay: In hospital or institution not long
Specify whether

In this community 4 1/2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Verona

(c) City or town Neosho
(If outside city or town limits, write "RURAL")

(d) Street No. 727 Saint Bede
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Eleanor Journey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Sm 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 29 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Leola Benjamin Journey

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

14. Maiden name Virginia Nilsen

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

16. (a) Informant Catherine Juppins

(b) Address 3240 Market St., Wichita, Kan

17. (a) Burial (b) Date thereof Sept 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ngone Cemetery

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

(b) Address Neosho Mo

19. (a) 9-16-47 (b) Nathum Yancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8 Sept to 8 Sept 1947 that I last saw her alive on 8 Sept 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric thrombosis lower

Due to intestinal pressure obstruction chronic 2 mo

Due to adhesions from previous surgery 8 yrs ago

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: External gangrene of pelvis & intestines

Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 Robert Bay MO (a. D. or other) _____

Address Neosho Mo Date signed 9-12-47

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

108
2

RECEIVED
District Health Officer No. 7,
8-47-1117
District File Number
9-23-47
Date Filled

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.....



Licensed Embalmer No. 1760

P. O. Address Nevada, 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.