.S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7598

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. 3 mo. 9 da. (Specify whether years, months or days)
In this community 4 yrs-3 Mos 9 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 3
(c) City or town Neosho. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME EMMA-CANTRELL-

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

4. Sex F 1
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JANUARY (Month) 4 (Day) 1868 (Year)

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

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Formerly House wife.
11. Industry or business
FATHER
12. Name George Carey
13. Birthplace D.K. (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name Margaret White
15. Birthplace D.K. (City, town, or county) (State or foreign country) 9
16. (a) Informant Records.
(b) Address State Hospital # 3.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation OAKWOOD CEM.
18. (a) Signature of funeral director Thompson Funeral Home
(b) Address Neosho Mo.
19. (a) 2-9-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 2.31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4 year 1948 hour 940 minute P M.

21. I hereby certify that I attended the deceased from 6-2-, 1946, to 2-4-, 1948, that I last saw her alive on 2-4-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile Dementia	5 yrs +
Due to	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury ( )

23. Signature J.R. Bunch (M. D. ~~or other~~)
Address State Hospital # 3 Date signed 2-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 1-48-66

Date Filed 2-16-48

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.