FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23690

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 57

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: 321 W. COLER ST 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. 321 W. COLER ST
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME JENNIE PRUNTY HOFFMAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 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) 1 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	7	..... hr. ..... min.

9. Birthplace BENEDICT (City, town, or county) KANSAS 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name LEE PRUNTY
13. Birthplace DOWNS (City, town, or county) ILLINOIS 1 (State or foreign country)

MOTHER
14. Maiden name MARY ELIZABETH RAILEY
15. Birthplace DOWNS (City, town, or county) ILLINOIS 1 (State or foreign country)

16. (a) Informant B. L. Prunty
(b) Address Neosho Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation BENEDICT KANSAS

18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo

19. (a) July 10, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature) 222

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8 year 1948 hour about 9:30 minute a. M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw her dead on July 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cause Unknown Probable Cerebral Hemmorrhage

Due to Had been dead several hours when found.

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 3

23. Signature Corley Thompson Coroner (M. D. or other) 7/8/48

Address Neosho Mo. Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 5 1948

RECEIVED
District Health Officer No. Newton
District File Number 248-342
Date Filed 7-16-48

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 Conley 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.