DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1948

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23699

Primary Registration District No. 9834

Registrar's No. 64

1. PLACE OF DEATH:

(a) County: Newton

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

(c) Name of hospital or institution: Rt 2 Neosho 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton 33

(c) City or town: Neosho (Rural) 0 (If outside city or town limits, write "RURAL") 0

(d) Street No.: Rt 2 (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Granville Jackson Hemphill

3. (b) If veteran, name war: ——

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maude

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: May 10, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	8	____ hr. ____ min.

9. Birthplace: Oswego, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Grocer + Filling Station Operator

11. Industry or business: Above

MOTHER FATHER

12. Name: John Knox Hemphill

13. Birthplace: No Record (City, town, or county) (State or foreign country) England

14. Maiden name: Elizabeth

15. Birthplace: No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Maud Hemphill

(b) Address: Rt 2 Neosho, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Chapel Cem.

18. (a) Signature of funeral director: Clark-Bishop Mort

(b) Address: Neosho, Mo.

19. (a) July 24, 1948 (Date received local registrar) (b) Melvin C. Bonney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1948 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from ____, 19__, to 18 July, 1948; that I last saw him alive on Dead on Arrival, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	15 min
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 0

23. Signature: [illegible] (M. D. or other) MD

Address: Neosho Mo Date signed 24 July 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Ca

District File Number 248-350

Date Filed July 26 1948

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. Ly — White

Licensed Embalmer No. 4240

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.