

No. 2
-12-45
5-17-39
X47070

FILED SEP 2 1948
Registration District No. 295

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:
Sale Memorial Hospital 0
(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)

3. (a) PRINT FULL NAME Ronnie Lee Macy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

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

7. Birth date of deceased August 8 1948
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>1</u> hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Lee Blain Macy 0

13. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Nadene Keeney

15. Birthplace Commerce Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Macy

(b) Address Neosho, Mo.

17. (a) Burial (b) Date thereof 8-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho, Mo.

19. (a) Aug 26, 1948 (b) Melvin C. Barman
(Date received local registrar) (Registrar's signature)

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. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1948 hour 1 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from Aug.
8 1948 to Aug. 8 1948
that I last saw him alive on Aug. 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Premature labor

Due to _____

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

Major findings:
Of operations 151

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. J. Taylor (M. D. or other) M.D.
Address Neosho, Mo. Date signed 8/26/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 848-364
District File Number
Date Filed
New York Co. Health Unit
JUN 31 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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Wesley, Md.

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.