

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

1732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>	
c. LENGTH OF STAY (In this place) <u>5</u>		d. STREET ADDRESS (If rural, give location) <u>1505 N. WALL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1505 N. WALL</u>			
3. NAME OF DECEASED a. (First) <u>FERN</u>		b. (Middle) <u>EDNA</u>	
c. (Last) <u>SMART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 6 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 26, 1919</u>
9. AGE (In years last birthday) <u>31</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>	
11. BIRTHPLACE (State or foreign country) <u>HUMBOLDT NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PAY J. BOWLER</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA M. PRATT</u>	
14. NAME OF HUSBAND OR WIFE <u>HADEN SMART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray J. Bowler</u>		ADDRESS <u>1505 N. WALL Neosho, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable heart disease</u> DUE TO (c) <u>no physician in attendance</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4343</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEOSHO NEWTON MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <u>dead</u> <u>11-6</u> <u>1950</u> <u>unknown</u>			
23a. SIGNATURE (Degree or title) <u>Carol Thompson</u>		23b. ADDRESS <u>Neosho Mission</u>	
23c. DATE SIGNED <u>11/6/1950</u>			
24a. BURIAL OR REMOVAL (Specify)		24b. DATE <u>Nov. 8/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LONE STAR</u>		24d. LOCATION (City, town, or county) (State) <u>MTN. GROVE MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Borman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Barber</u>		ADDRESS <u>Mtn. Grove, Mo.</u>	

RECEIVED

District Health Officer No. Newton County H.D.

District File Number 1150-248

Date Filed 11/16/50

NOV 20 1950

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, N.C.

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.