

REC'D JUN 22 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19328

Do not use this space.

## 1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609  
(b) Township NEOSHO Primary Registration District No. 4363  
(c) City NEOSHO (d) Street No. 100 S. HIGH  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 46

## 2. PRINT FULL NAME

(a) Residence, No. 200 HORTENSE VIVIAN WICKS St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1854

7. AGE YEARS 84 MONTHS 6 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Princeton  
(STATE OR COUNTRY) Kentucky13. NAME John H. Rackabee14. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)15. MAIDEN NAME Burgess Ann Dudley16. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)17. INFORMANT Mrs. N. S. Strickland  
(ADDRESS) Neosho Mo18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 Com DATE 5-13-3919. FUNERAL DIRECTOR (NAME) Wesley Rehan  
(ADDRESS) Neosho Mo20. FILED 6-5 1939 Anna P. Salem Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 11, 1939  
I last saw her alive on April 24, 1939. Death is said to have occurred on the date stated above, at 3:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis Date of onset  
Chronic Myocarditis

Other contributory causes of importance:

Chronic MyocarditisName of operation None Date of 5-11-39What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....(Signed) J. A. Guthrie, M. D.(Address) Neosho, Missouri

**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 \_\_\_\_\_

Licensed Embalmer No. 2689

P. O. Address Wash DC

**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, above space should be left blank.**