

JAN 15 1940

Registration District No. 609

Primary Registration District No. 4343

Registrar's No. 154

1. PLACE OF DEATH: 2
(a) County NEWTON
(b) City or town NEOSHO
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 10 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(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) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME IDA MAY CREEKS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased APRIL 17 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

11. Industry or business _____
MOTHER FATHER { 12. Name ISAAC CREEKS. 9
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dora Tomlin
(b) Address Neosho, Mo. - R.R. 5
17. (a) Funeral (b) Date thereof 12-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery
18. (a) Signature of funeral director Bobby Thompson
(b) Address Neosho Missouri
19. (a) 1-6-40 (b) Alma R. Saltsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 27 day December
year 1939 hour 7 minute 55 A.M.
21. I hereby certify that I attended the deceased from 7-25-39
_____, 19____, to 12-21, 1939
that I last saw her alive on 12-21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right breast with metastasis
Duration 6 yrs.

Due to _____ 50
Due to _____
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations none
Of autopsy none
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 Melvin C. Bowman (M. D. or other) _____
Address Neosho, Mo. Date signed 1-6-40

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

Rev. 5-17-39 N. B.—1 x1951

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District No. 1410-226

Date Filed JAN 12 1940

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.....

Gail M. Gay, Registered Apprentice No. 189,
working under my personal supervision.

Signed Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neasho Mo.

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.