

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME MINNIE POUND 570

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Elmer Pound 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 15 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Taylorville, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Richard Hogarth

13. Birthplace Vermont (City, town, or county) (State or foreign country)

14. Maiden name Helen Westbrook

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

16. (a) Informant Myrtle Thompson

(b) Address 321 North Wood St. Neosho Mo.

17. (a) Burial (b) Date thereof 6-21-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Tonia, Mo.

18. (a) Signature of funeral director W. D. Buzzard

(b) Address Seneca Mo. 645

19. (a) 7-8-40 (b) Orval B. Sale, Dist. (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) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1940 hour about 2:30 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw her dead live on June 19 and that death occurred on the date and hour stated above

Immediate cause of death Suicide by taking poison Strychnine Sulfate, weak.

Other conditions 167 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 19, 1940
(c) Where did injury occur? Neosho Newton Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While in an Automobile in yard home (Specify type of place) (e) Means of injury Poison
While at work _____ (e) Means of injury _____
23. Signature Corey Thompson (M. D. or other) Carone
Address Neosho Mo. Date signed 6-20-40

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

RECEIVED

District Health Officer No. 6

District File Number 7460-2368
2388

Date Filed JUL 15 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 K. Gay

, Registered Apprentice No. 189

working under my personal supervision.

Signed

Carley Thompson

Licensed Embalmer No. 3259

P. O. Address

Neosho 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.