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

FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22300

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 66

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/BOWMAN (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 WEEKS (Specify whether
In this community 10 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO 3 (If outside city or town limits, write "RURAL")
(d) Street No. BROOK ST. 327 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME VIVIAN NAOMI SIMONS.
3. (b) If veteran, name war NONE
3. (c) Social Security No. 496-03-7139
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EARL SIMONS
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased JANUARY (Month) 4 (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
22	5	5	hr. min.

9. Birthplace BLACKWELL (City, town, or county) / OKLAHOMA (State or foreign country)
10. Usual occupation TEACHER
11. Industry or business Public Schools
FATHER
12. Name FREDRICK W. MITZNER
13. Birthplace SAMANTHA (City, town, or county) / MAHURIN (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Ft. Scott (City, town, or county) / KANSAS (State or foreign country)
16. (a) Informant Earl Simons
(b) Address Neosho, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation V.O.O.F. CEMETERY
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho, Mo
19. (a) 7-7-41 (Date received local registrar) (b) Uval A. Sale, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1941 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from March 3, 1941, 19..., to June 9, 1941; that I last saw her alive on June 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 weeks
Contributory causes: Acute bacterial endocarditis - acute pyonephritis
Myocardial insufficiency with mitral ~~xxxx~~ regurgitation
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Melvin C. Bowman (M. D. or other) M.D.
Address Neosho Date signed 7/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 741-1086
Date Filed JUL 11 1941

JUN 16 1949

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 Darby 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, fact should be so stated above.