

REG. MAR. 13 1946
Registration District No. _____

Primary Registration District No. 5810

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rt # 1 Neosho, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt # 1 Neosho, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rt # 1 Neosho, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1942 hour 17 minute _____ M.

21. I hereby certify that I attended the deceased from 2-17-42 19... to 2-19-42 19...;
that I last saw him alive on 2-17-42 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to _____

Due to Carcinoma Rt Cervical Gland

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 55
Of operations _____
Of autopsy _____

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 _____
23. Signature Walter H. Houser (M.D. or other) _____
Address Appleton Date signed 2/21/42

3. (a) PRINT FULL NAME Cary Warden Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: Sept 1 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Allen Moore

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

14. Maiden name Therese Greene

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

16. (a) Informant Allen Moore

(b) Address Rt # 1 Neosho, Mo.

17. (a) Burial (b) Date thereof 2-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apple Valley Cem

18. (a) Signature of funeral director Walter H. Houser
(b) Address Appleton, Mo.

19. (a) 2-23-42 (b) Walter H. Houser
(Date received local registry) (Registrar's signature)

1154 (Licensed Embalmer's Statement on Reverse Side)

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

73
00

MOTHER FATHER

Duration

2-19-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 342-326

Date Filed MAR 11 1942

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.....

Don Tetrick

Licensed Embalmer No. 40008

P. O. Address.....

Joseph

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.