

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural 9 mi W
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Neosho Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 073

(c) City or town..... Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Neosho Township
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Lon C. Slate

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased. March 19, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>11</u>	hr. min.

9. Birthplace Unknown U
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant L. L. Shultz
(b) Address Neosho, Missouri

17. (a) Burial (b) Date thereof April 1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

18. (a) Signature of funeral director Webb City Und. Co.
(b) Address Webb City, Missouri

19. (a) 3-31-1942 (b) Carey Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th.
year 1942 hour I:40 minute P. M.

21. I hereby certify that I attended the deceased from Mar 28-1942
19... to Mar 30, 1942
that I last saw him alive on Mar 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage
(Rt side paralytic)

Due to.....

Due to..... Serulity
saw him only once

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations..... 430

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?.....

While at work?..... (Specify type of place)
(e) Means of injury..... 0

23. Signature R. P. ... (M. D. or other) 0
Address Neosho, MO Date signed 3/24/42

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

7300

RECEIVED

District Health Officer No. 6,

District File Number 442-564

Date Filed APR 16 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 myself,
....., Registered Apprentice No.
working under my personal supervision.

Signed Walter M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.