

FILED APR 20 1942

Registration District No.

Primary Registration District No. 4363

Registrar's No. 40

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: SAFE-SLOWMAN HOSPITAL
(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)

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. RANDOLPH STREET
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 25
year 1942 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 9
1942 to March 25 1942
that I last saw her alive on March 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition and Congenital Heart Premature (6 1/2 months)

Due to
Due to Premature

Other conditions 1572
(Include pregnancy within 3 months of death)

Major findings: none
Of operations
Of autopsy none

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? Means of injury
23. Signature Walter P. Bowman (M. D. or other) MD
Address Neosho, Mo Date signed March 30 42

3. (a) PRINT FULL NAME GWENNETh Tolane Sturdevant
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 Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years (Month) 9 (Day) 1942 (Year)

7. Birth date of deceased FEB 9 1942
(Month) (Day) (Year)

8. AGE: Years Months 1 Days 16 If less than one day hr. min.

9. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Chas. Homer Sturdevant

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

14. Maiden name Jewel Seilen

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

16. (a) Informant Homer Sturdevant
(b) Address Neosho Missouri

17. (a) Burial (b) Date thereof March 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pop 3 Cemetery

18. (a) Signature of funeral director W. S. Bowman
(b) Address Neosho Missouri

19. (a) 4-4-1942 (b) Barley Thompson
(Date received local registrar) (Registrar's signature)

1110

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

73
2060

RECEIVED

District Health Officer No. 6,

District File Number 442-560

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Not Embalmed.....

Licensed Embalmer No.....

P. O. Address.....

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.