DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2950

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 140

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: E. PARK STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME CARRIE SALE
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 Widow
6. (b) Name of husband ~~or wife~~ S. A. SALE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased AUG (Month) 30 (Day) 1874 (Year)
8. AGE: Years 68 Months 3 Days 20 If less than one day ..... hr. ..... min.
9. Birthplace STELLA (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business .....
FATHER
12. Name JAMES SHUFF
13. Birthplace ..... (City, town, or county) ILLINOIS (State or foreign country)
MOTHER
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Charles Sale
(b) Address NEOSHO MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. CEMETERY
18. (a) Signature of funeral director [illegible] Bingham
(b) Address NEOSHO, MISSOURI
19. (a) 12-24-42 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Died Suddenly Probably Coronary Occlusion — Duration 1

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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 2
23. Signature J. R. Reynolds (M. D. or other) Coroner
Address Neosho Mo Date signed 12-24-42

(Licensed Embalmer's Statement on Reverse Side)

1110

Date Received JAN 11 1943
File No. 1242-15

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2400

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 140

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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Carrie Sale

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug (Month) 31 (Day) 18 (Year)

8. AGE: Years 68 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-2-1943 (Date received local registrar) (b) Corley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 20 year 1942 hour minute M.

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

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY