Larmson 2960

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 13

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

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 CEMETERY ROAD 1
(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. CEMETERY ROAD
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

3. (a) PRINT FULL NAME JULIAN BOYD WHITE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SARAH A. WHITE

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased FEBRUARY (Month) 22 (Day) 1859 (Year)

8. AGE: Years 83 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace CHRISTIAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business STONE MASON

FATHER
12. Name BOB WHITE
13. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name CATHERINE McCAFERTY
15. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant Sarah A. White
(b) Address Neosho Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Carey Thompson
(b) Address Neosho Mo.

19. (a) 2-4-1943 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 14 year 1943 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 14 1943 that I last saw him alive on Jan 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured hip - Arterio Sclerosis

Duration 2 months

Due to Senility + Senile dementia

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) 893
(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 .....

23. Signature R. L. Larmson (M. D. or other)
Address Neosho Mo Date signed 2/4/43

#110

(Licensed Embalmer's Statement on Reverse Side)

Date Received FEB 6 1943
File No. – 143-16

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 Noah H. Johnson, Registered Apprentice No. 340, working under my personal supervision.

Signed Carly 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.

S. No. 2B
I—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. 2960

Registration District No. 245 Primary Registration District No. 2847 Registrar's No. 13

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: Julian Boyd White
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased: Feb 22 1859 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 22 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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 14 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Fractured hip — Duration
arteriosclerosis
Due to: Senility & Senile dementia
Due to
Other conditions (Include pregnancy within 3 months of death) 1 hr
Major findings: Of operations 18
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): Accident
(b) Date of occurrence: Fell at home in room Dec 15-1942
(c) Where did injury occur? at home (City or town) Neosho (County) Mo (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? No (c) Means of injury: fell
23. Signature: R E Jameson (M. D. or other)
Address: Neosho Mo Date signed: 3/2/43

SUPPLEMENTARY