

FILED NOV 18 1943

Registration District No. **243**

Primary Registration District No. **5833**

Registrar's No. **25**

1. PLACE OF DEATH:
(a) County **Newton**
(b) City or town **Stark City Newtona Mo**
(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)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Stark City**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Nina Gertrude Raulston**

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

4. Sex **Fem.** 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 **December 10, 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 16 hr. min.

9. Birthplace **Vetersburg Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Charley Taylor**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Arbyle Raulston**

(b) Address **Neosho Missouri**

17. (a) **Burial** (b) Date thereof **10-28-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dice Cemetery**

18. (a) Signature of funeral director **Charley Thompson**

(b) Address **Neosho Missouri**

19. (a) **11-1-1943** (b) **Alpha R. Hale Dyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26**
year **1943** hour **11:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Oct 26 1943** to **Oct 26 1943**
that I last saw her alive on **Oct 26-26 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocardial infarction**
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **92 lb**

Major findings: 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **W. E. ...** (M. D. or other) _____
Address **...** Date signed **10/27/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1319

RECEIVED 11-5-43
District Health Officer No. _____
District File Number 1143-207
Date Filed 11-10-43

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 *Carley 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.