

No. 2
-12-45
-17-39
I X47070

State File No. _____

Registrar's No. 4

FILED JAN 13 1947
Registration District No. 279

Primary Registration District No. 3047

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: Sale Memorial 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton 73
(c) City or town Neosho 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES Josephine VAWTER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEM. 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALBERT C. VAWTER 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased JULY 27 - 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name FRANCIS MARION Churchwell

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

14. Maiden name SARAH ANN DURRETT

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

16. (a) Informant A.C. Vawter

(b) Address Neosho Mo.

17. (a) Burial (b) Date thereof Jan. 11 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007 Corn. Neosho Mo.

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Mo.

19. (a) Jan 11, 1947 (b) Melvin C. Berman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1947 hour 8-25 minute 0 M.

21. I hereby certify that I attended the deceased from July 18 1946 to Jan 8 1947
that I last saw her alive on 9 JAN 1947
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA
Due to CHR. NEPHRITIS

Duration
Two Wks
Two YEARS

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 13/13

PHYSICIAN
Underline the cause to which death should be charged statistically.

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) Means of injury 0

23. Signature R. Taylor (M. D. or other) MD
Address Neosho Mo Date signed 10-JAN-47

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

MOTHER FATHER

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.

RECEIVED

District Health Officer No. Newton

District File Number 147-4

Date Filed 1-10-47

Signed Corey 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.