

5597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 21 1947

Registration District No. 201

Primary Registration District No. 8188

Registrar's No. _____

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town RURAL
(c) Name of hospital or institution NEOSHO TWP.
(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 RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEOSHO TWP.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME EUGENIA L. ENGLAND

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ROBERT D. ENGLAND 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 18 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 0 hr. _____ min.

9. Birthplace Columbia Co. ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

MOTHER { 12. Name JAMES F. HALL
13. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)
14. Maiden name PERMELIA TIDWELL
15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline England

(b) Address Neosho Mo. R. # 4

17. (a) Burial (b) Date thereof 2-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Lesley Thompson

(b) Address Neosho Mo.

19. (a) 5-7-47 (b) Melvin S Bowman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 18
year 1947 hour 3:15 minute 4 a. m.

21. I hereby certify that I attended the deceased from 2/26/47
19____, 19____, 2/18/47 19____;
that I last saw her alive on 2/14/47 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Spasms
Due to Profound heart failure - Arterio sclerosis
Duration year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 B
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? _____

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

23. Signature RL Lawson MD (M. D. or other) _____
Address Neosho Mo Date signed 2/18/47

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. *Newberry*
District File Number *247-39*
Date Filed *2-19-47*

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.....

Corley Thompson

Licensed Embalmer No. *3259*

P. O. Address.....

Newberry 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, above space should be left blank.

Registration District No. 245

Primary Registration District No. 5836

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Neesh's Sup
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Eugenia L. England

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 and

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 18
(Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business of _____

12. Name James F. Hall

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

14. Maiden name Permetia Tidwell

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

16. (a) Informant Pauline England

(b) Address Neesh's, Mo 220-47

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

(c) Place: burial or cremation Hebron Cemetery

18. (a) Signature of funeral director Early Thompson

(b) Address Neesh's, Mo

19. (a) May 7, 1947 (b) Melvin C. Bowman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 18
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

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)

(e) Means of injury _____

23. Signature R. C. Lawson (M. D. or other) MO

Address Neesh's, Mo Date signed _____

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

S-5597