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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42474

State File No.

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 120

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: SALES MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 HOURS (Specify whether years, months or days)

In this community 5 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town STARK CITY MO
(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 FAYE JEAN DUKE

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased OCT (Month) 19 (Day) 1947 (Year)

8. AGE: Years — Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business " "

FATHER
12. Name RALPH DUKE
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ORPHA REDING
15. Birthplace Neosho MO.
(City, town, or county) (State or foreign country)

16. (a) Informant RALPH DUKE

(b) Address STARK CITY MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 28 1947 (Month) (Day) (Year)

(c) Place: burial or cremation BELFAST CEMETERY

18. (a) Signature of funeral director CLARK BIGHAM

(b) Address 200 E. SPRING ST. Neosho, MO

19. (a) Dec. 31, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1947 hour 12:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 26, 1947, 1947, to Dec 27, 1947 that I last saw her alive on Dec 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis, massive - Involving entire left lung	12 hrs.
Due to: Cause undetermined	
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

23. Signature Harold C Lentz (M. D. or other) MD

Address Neosho Mo. Date signed Dec 30 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 149-241
Date Filed 1-9-48

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 K. Ly — White

Licensed Embalmer No. 4240

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.