

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.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 52

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 801 Franklin St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Thirty Two years. years, months or days)

3. (a) PRINT FULL NAME MAUDE ASHCOMB NEILL
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July - 19 - 1897
 (Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Wright Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Sales Lady

11. Industry or business _____

12. Name John R. Neill
 13. Birthplace Louisville Ky.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Freeman
 15. Birthplace Lawrence Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harriet A Neill
 (b) Address 801 Franklin Street

17. (a) Burial (b) Date thereof Mar-15-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huntsville Mo.

18. (a) Signature of funeral director Smart Funeral Home
 (b) Address Moberly Mo.

19. (a) Mar 15 - 1940 (b) J. Neal Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 801 Franklin St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 12th
 year 1940 hour Two minute — P.M.
 21. I hereby certify that I attended the deceased from Dec 17,
1939, to Mar 12, 1940
 that I last saw him alive on Mar 22, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration Several Days

Due to Hypertension

Due to _____
 Other conditions Previous Hemorrhages
 (Include pregnancy within 3 months of death)

Major findings: g2h
 Of operations _____
 Of autopsy 0

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? g25

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

23. Signature Martin S. Hunter (M. D. or other) M.D.
 Address Moberly Mo. Date signed Mar 15 1940

RECEIVED

District Health Officer No. 10

District File Number 4-40-898

Date Filed APR 16 1940

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, by

J. E. Barnes No 2414

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

R. M. Cates

Licensed Embalmer No. 4-117

P. O. Address Moberly 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.