

MAY 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15635

State File No.

Registration District No. 617

Primary Registration District No. 5819

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Grant Township (Barnard)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 miles South of Barnard Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Rural (Barnard)
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi South
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22
year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from
Apr-10 1940, to Apr-22 1940
that I last saw h alive on Apr 19 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Due to arteriosclerosis and hypertensive
Due to _____
Other conditions (Include pregnancy within 3 months of death) 127

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 548
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. Log... (M. D. or other) _____
Address Boles Mo Date signed 4/25

3. (a) PRINT FULL NAME Thomas Woodard Neely NEELY

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

4. Sex M 5. Color or race W 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 Oct. 7 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Barnard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Neely

13. Birthplace Logan Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Neely

15. Birthplace Logan Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Eva Davis

(b) Address Maryville

17. (a) Burial (b) Date thereof Apr. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Upper Neely Grove

18. (a) Signature of funeral director John C. Price

(b) Address Maryville Mo.

19. (a) 4/28/40 (b) Chas. H. ...
(Date received local registrar) (Registrar's signature)

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

9182 110
RECEIVED

District Health Officer No. 11;

District File Number 5-10-774

Date Filed MAY 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, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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. John W. Price 5/16/40