DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1940

Registration District No. 660

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15722

Primary Registration District No. 4396

Registrar's No.

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 88-3-19

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

(c) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? About 80 years.

3. (a) PRINT FULL NAME: Peter F. Neels 420

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Marie Neels

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: Dec. (Month) 1 (Day) 1851 (Year)

8. AGE: Years 88 | Months 3 | Days 19 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Francis Neels
13. Birthplace: (City, town, or county) (State or foreign country) Holland

MOTHER
14. Maiden name: Sophia De Smit
15. Birthplace: (City, town, or county) (State or foreign country) Holland

16. (a) Informant's own signature: A. J. Neels
(b) Address: 404 E. Jefferson Kirkwood Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 23 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo.

18. (a) Signature of funeral director: Young & Lowe
(b) Address: Perryville Mo.

19. (a) 3-22-40 (Date received local registrar) (b) Joe J. Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1940 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 1 1939, 19__, to Mar 20, 1940; that I last saw him alive on Mar 20 1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to: Influenza	
Due to: Senility	
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: Geo. F. Bailey M.D. (M. D. or other)
Address: Perryville Date signed: 3-22-1940

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

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.....

Licensed Embalmer No. 2138

P. O. Address Somerville Ma

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.