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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18230

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 119

1. PLACE OF DEATH:

(a) County Cole.

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

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

(d) Length of stay: In hospital or institution 1 day. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller

(c) City or town Rural (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Nettie Florence McNiel 254

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lloyd McNiel

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

7. Birth date of deceased 9 (Month) 7 (Day) 1904 (Year)

8. AGE: Years 35 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ernest Kehr
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lou Ellen Alexander
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Grover Mitchell

(b) Address Hancock, Mo.

17. (a) Hughs Cemetery (Burial, cremation, or removal) (b) Date thereof 5/6/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hughs Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 5-11-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1940 hour 6 41 minute P M.

21. I hereby certify that I attended the deceased from May 4 40, 19__, to May 4, 1940 that I last saw her alive on 5-4-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration 12 hrs

Due to 3rd degree body burn 3/4 of body surface

Due to Shock.

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) burn building fire

(b) Date of occurrence 5/4/40 c Coal oil

(c) Where did injury occur? Iberia mo (City or town) Miller (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? in home (e) Means of injury Coal oil fire

23. Signature M R Aldridge (M. D. ~~or other~~)

Address Jefferson City Mo. Date signed 5-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis, Registered Apprentice No. ..... working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 374

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.