

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31938**

Registration District No. **288**

Primary Registration District No. **5406**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett R.T. 1 Ind.
(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 20
(Specify whether)

In this community Three years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett R.T. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Earl Neely

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - 8 day 8
year 1940 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7
10-8-40, 1940, to 10-8, 1940
that I last saw h. IM alive on 10-8, 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Nov 30 1936
(Month) (Day) (Year)

Immediate cause of death Fungal meningitis & pleurisy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 3 Months 10 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Lowell Neely

13. Birthplace Dunklin Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Bran

15. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lowell Neely

(b) Address Kennett R.T. 1

17. (a) Burial (b) Date thereof 10-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Frank Vand G

(b) Address Kennett Mo

19. (a) 10-9-40 (b) Arthur Davis
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Kern M.D.
Address OK Kennett, Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 1040-160

Date Filed 10/15/40

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.....

P. O. Address.....

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.