

Registration District No. 338

Primary Registration District No. U 201

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Gilman City 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 2
(Specify whether
 In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Harrison
 (c) City or town Gilman City
(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 LIDIA LADE NEFF
 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 _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 6 months years
 7. Birth date of deceased Oct 20 1855
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 19
 year 1940 hour 10 minute 5 A.M.
 21. I hereby certify that I attended the deceased from May
1940, to August 18, 1940.
 that I last saw her alive on August 18, 1940,
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 29
 If less than one day _____ hr. _____ min.

Immediate cause of death arterio sclerosis of heart
 Due to arterio sclerosis
 Duration 30 months
 Due to _____
 Duration 10 years

9. Birthplace Stat of Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Haus Keeper

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name John B. McKeown
 13. Birthplace Stat of Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Guinee Jones
 15. Birthplace Stat of Kentucky
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Rebecca Neff
 (b) Address Madrid Iowa
 17. (a) Burial (b) Date thereof Aug 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gilman City Mo
 18. (a) Signature of funeral director W D Haines
 (b) Address Gilman City Mo 306
 19. (a) Sept 14 1940 (b) W DeGraffen
(Date received local registrar) (Registrar's signature)

23. Signature W A Warren (M. D. or other) _____
 Address Gilman City Mo Date signed _____

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

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.....

W D Haines....., Registered Apprentice No.

working under my personal supervision.

Signed W D Haines.....

Licensed Embalmer No. 942.....

P. O. Address Libran City.....

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.