

Registration District No. 7

Primary Registration District No. 200

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Rural (Minneh Fwp)
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pallock, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME David Albert Neighbors

8. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex Male 5. Color or race W. 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 Aug 7 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 23 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Donald Albert Neighbors

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

14. Maiden name Virginia Davis

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

16. (a) Informant D. A. Neighbors

(b) Address Pallock, Mo.

17. (a) Removal (b) Date thereof Oct. 31-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo.

18. (a) Signature of funeral director J. D. [Signature]

(b) Address Unionville, Mo.

19. (a) Nov. 2, 1940 (b) Spencer J. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 40 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 29, 1940, to Oct 30, 1940
that I last saw him alive on Oct 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Inflammation Duration 2 1/2 hrs

Due to _____

Due to _____

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 [Signature] (M. D. of _____)

Address Unionville Date signed 11/5/40

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

MOTHER-FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-40-2144

Date Filed NOV 14 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.....

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, above space should be left blank.