

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

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.

FEB JAN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42280

Registration District No. 230

Primary Registration District No. 5312

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Crawford
 (b) City or town Rural Benton Township
(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 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
 (c) City or town Rural Benton Township
(If outside city or town limits, write "RURAL")
 (d) Street No. Cuba, Star Route.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 69 years.

8. (a) PRINT FULL NAME Francis Louis Neron

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

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Mary Alice Neron</u>	6. (c) Age of husband or wife if alive <u>69</u> years	
7. Birth date of deceased <u>Aug. 11th 1862</u> <small>(Month) (Day) (Year)</small>		

8. AGE: Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Isadore Neron
 13. Birthplace Mandres France
(City, town, or county) (State or foreign country)
 14. Maiden name Sophie Caroline Mignot
 15. Birthplace Mandres France
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. Neron
 (b) Address Cuba, Star Route, Missouri

17. (a) Neron Cemetery (b) Date thereof Jan. 2nd, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cuba, Missouri

18. (a) Signature of funeral director J. G. Holloway
 (b) Address Cuba, Missouri

19. (a) Jan 2, 1940 (b) J. G. A. Serzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st.
 year 1939 hour three minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 28, 1939, to Dec 30, 1939;
 that I last saw him alive on Dec. 30, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Duration _____
 Due to Senility
 Due to _____

Other conditions Acute nephritis
(Include pregnancy within 3 months of death)
 Major findings: Of operations N.M.D.
 Of autopsy none
 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) none
 (b) Date of occurrence none
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work no (Specify type of place) (e) Means of injury none
 23. Signature Julien Anderson (M.D.)
 Address Cuba, Mo. Date signed 1/2/40

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.....

Jess Hallow

Licensed Embalmer No. *364*

P. O. Address.....

Lehigh

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.