

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1110

State File No. _____
Registrar's No. _____ 70

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
444 W. 62nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 444 W 62nd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th
year 1941 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from March 15
1939 to Jan 4 1940

that I last saw him alive on Jan 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate 9 Mos

Due to _____

Due to 5 1st

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

Major findings:
Of operations Papilloma of Bladder
Prostatic Hypertrophy
Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Victor Neill

3. (b) If veteran, name war N/A 3. (c) Social Security No. N/A

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Gertrude Longneill 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 6 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Traveling Salesman

11. Industry or business _____

12. Name John Wilson Neill

13. Birthplace 1 Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name Eliza Judy

15. Birthplace 1 Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Longneill

(b) Address 444 W 62nd, K C Mo

17. (a) Burial (b) Date thereof 1-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stone and McClure

(b) Address 3235 Sullham Plaza K C Mo

19. (a) Jan 6 1941 (b) M. M. Osborn
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 0

23. Signature E. Ross Kuyler (M. D. or other) _____

Address 510 Prof Bldg Date signed Jan 4, 1940

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

Dr. James Key, Jr.
Parsons, Mo.

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 Felix Benz

Licensed Embalmer No. H127

P. O. Address Kansas City, Mo

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.