Dr. Calloway

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2658

Registration District No. 318 | Primary Registration District No. 5440 | Registrar's No. 71

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 8
(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 Missouri (b) County Greene 39
(c) City or town Springfield 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route # 8
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James A. Neill
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Neill
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Oct. (Month) 17 (Day) 1857 (Year)

8. AGE: Years 83 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Kingston (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Neill
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Katherine Dodson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Edna Neill
(b) Address Route # 8 Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brookline, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfeild, Mo.
19. (a) 1-29-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1941 hour 5 minute 30 p. M.
21. I hereby certify that I attended the deceased from 1/19/41, 19__, to 1/26, 1941; that I last saw him alive on 1/19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 yr
Due to General Arteriosclerosis	
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 Guy D. Callaway (M. D. or other) MD
Address Springfield Mo Date signed 1/28/41

(Licensed Embalmer's Statement on Reverse Side)

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 L Doolin Gorma

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.