

No. 2  
12-40  
7-39  
X23159

LEU MAR 14 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 39

1. PLACE OF DEATH: Boone  
 (a) County Boone  
 (b) City or town Columbia Rural  
 (c) Name of hospital or institution: no / Route 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community lif years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State mo (b) County Boone  
 (c) City or town Columbia 2 Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? lif years.

3. (a) PRINT FULLNAME EMMA Belle Neill  
 (b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 7<sup>th</sup>  
 year 1941 hour 11:45 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from Feb. 4 -  
1941 to Feb. 7 1941  
 that I last saw h. alive on Feb. 7 - 1941  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Leonard E Neill 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased Nov 9 1889 (Month) (Day) (Year)

Immediate cause of death Alc - of 5 days  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 56 Months 2 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Audrain Co. Mo (City, town, or county) (State or foreign country)

Other conditions Myx edema (Includes pregnancy within 3 months of death) 30 yrs

10. Usual occupation House Wife  
 11. Industry or business " "  
 12. Name T. J. Holloway Sr  
 13. Birthplace D K Mo (City, town, or county) (State or foreign country)  
 14. Maiden name Lillian Hickman  
 15. Birthplace Audrain Co. Mo (City, town, or county) (State or foreign country)

Major findings: Myocarditis, long white  
 Of operations \_\_\_\_\_  
 Of autopsy not yet  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Leonard Neill  
 (b) Address Columbia mo R 1  
 17. (a) Burial (b) Date thereof Feb 9 1941 (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park  
 18. (a) Signature of funeral director R. Curran  
 (b) Address Columbia Mo  
 19. (a) 2/10/41 (b) Allie Selby (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: no  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? home (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Y  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury U  
 23. Signature W. P. Aycock (M. D. or other) MD  
 Address Columbia Mo Date signed 2-8-41

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.....

....., 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, fact should be so stated above.**