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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17858

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 459

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: Denton Drug Store 3 (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 Stone 104
(c) City or town Crane 1 (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME James Anthony Nee
3. (b) If veteran, name war World War
3. (c) Social Security No. 702-18-5062
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 9
6. (b) Name of husband or wife Jessie Tuckness Nee
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased August (Month) 6 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49	9	27	hr. min.

9. Birthplace Thayer (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Conductor
11. Industry or business Missouri Pacific R.R.
FATHER
12. Name Coleman C. Nee
13. Birthplace County Galway (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary F. Foley
15. Birthplace County Galway (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Dan M. Nee
(b) Address Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-7-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1941 hour Approx. 10:00 minute P.M.
21. I hereby certify that I attended the deceased from 11:45 June 3 to 1941 P.M.; that I last saw the deceased alive on Basement of Dentons Drug Store and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture caused by falling down stairs and head striking concrete at bottom of stair landing

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

Duration

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) accident
(b) Date of occurrence June 3rd 1941
(c) Where did injury occur? Springfield (City or town) Greene (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Stairway to basement Dentons Drug Store (Specify type of place)
While at work no (e) Means of injury
23. Signature J. H. Bachm, Acting Coroner (M.D. or other)
Address 227 E. Olive St. Springfield, Mo. Date signed 6/6/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1941

AUG 15 1941

NOV 11 1942

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 Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield

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

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