

No. 2
1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7987**
Registrar's No. _____

FILED MAR 25 1942
Registration District No. **1022**

Primary Registration District No. **4653**

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston, Mo.
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Willie Neck

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased July 9 1891
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Heck

13. Birthplace Vinceson, Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Alice

15. Birthplace Vinceson, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Heck

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 3 4 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director Mathew Smith

(b) Address 1381 Main Sikeston

19. (a) 3-4-42 (b) T. B. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Sikeston
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
year 1942 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11-5-1941 to 2-25-1942
and that I last saw him alive on 2-25-1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia

Duration 1 mon.

Due to _____

Due to Chronic Hepatitis 6 mono.

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

Major findings: 1318

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. A. Fingal (M. D. of other) _____

Address 2045 Locust St. Charleston, Mo. Date signed 3-4-42

1039 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 3427326

Date Filed 3/12/42

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.