S. No. 2
I—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17501

Registration District No. 87 Primary Registration District No. ~~3007~~ 5130 Registrar's No. 178

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

12
6
0

1. PLACE OF DEATH:
(a) County Butler Neely Tr.
(b) City or town Rural - Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles N.E. of Neelyville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12 8
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N.E. Neelyville 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MAHALLEY BLACK
3. (b) If veteran, name war —
3. (c) Social Security No. no
4. Sex female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Apr. (Month) 10 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	10	hr. min.

9. Birthplace ~~housewife~~ unk. (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation housewife
11. Industry or business .....
MOTHER FATHER
12. Name Fred Horton
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant Rufus Lee
(b) Address Neelyville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo.
19. (a) 6/2/42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1942 hour 8 minute P M.
21. I hereby certify that I attended the deceased from May 20, 1942, to May 31, 1942
that I last saw her alive on May 30, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis Liver	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

124 b

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 0
23. Signature J. F. Farr (M. D. or other) .....
Address Neelyville Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-786
Date Filed JUN 16 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 R. C. McCord

Licensed Embalmer No. 7079

P. O. Address Naylor, 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, fact should be so stated above.