

FILED JUL 9 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson

(c) Name of hospital or institution 506 South Murray  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 506 South Murray  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME THOMAS F. NEET.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1942 hour 12 minute 51 P.M.

3. (b) If veteran, name war none

3. (c) Social Security number 496-03-1766

21. I hereby certify that I attended the deceased from June 25, 1942 to June 29, 1942  
that I last saw him alive on June 29, 1942  
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married married

6. (b) Name of husband or wife Marion Neet

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 3-1887  
(Month) (Day) (Year)

Immediate cause of death: Acute Myocardial Failure Duration 3 days

Due to Cardiac Asthma 7 days

8. AGE: Years 58 Months 2 Days 25 If less than one day hr. min.

Due to Cancer of the Mouth 9 mo.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Carroll Co. Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN 450

Underline the cause to which death should be charged statistically.

10. Usual occupation Matchbox

MOTHER FATHER

12. Name John S. Neet

13. Birthplace Carroll Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Johnson

15. Birthplace Missouri Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marion Neet

(b) Address 1506 South Murray

17. (a) Cause Burial (b) Date thereof 7-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

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 D

18. (a) Signature of funeral director E. C. Carson

(b) Address Independence Mo.

19. (a) 7-2-42 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature E. A. Wilkinson (M. D. MS)  
Address 1103 Grand Ave Date signed 7-1-42

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

*Handwritten signature*

Licensed Embalmer No. *2467*

P. O. Address *Julys No.*

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.