U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34027

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 475

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 202 Highland 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 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 202 Highland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME THOMAS STEWART NEILL
3. (b) If veteran, name war
3. (c) Social Security No. 491-01-0135
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feb (Month) 28 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	8	2	hr. min.

9. Birthplace Lawrence (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER
12. Name Willis J. Neill
13. Birthplace Springfield (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Neill Stewart
15. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Mrs Mamie Neill
(b) Address 202 Highland Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Thomhill Dillon
(b) Address Joplin Mo
19. (a) 11-3-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1942 hour 9:00 minute P M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw Did not see him alive alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 Coroner
23. Signature R. V. Webster (M. D. or other)
Address Carthage Mo Date signed Nov. 2

1204 (Licensed Embalmer's Statement on Reverse Side) '42

943

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin,

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.