

MAY 2 1943
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 274

19
2
5

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution St. Johns Hosp. 0
(d) Length of stay: In hospital or institution 21 days
In this community 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Craig
(c) City or town Welch
(d) Street No. No
(e) If foreign born, how long in U. S. A. 2 years

3. (a) PRINT FULL NAME Baby Eddie Neill

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased October 22 1942

8. AGE: Years Months Days If less than one day
6 23 hr. min.

9. Birthplace Miss. Okla.

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name Charles Eugene Neill
13. Birthplace Welch Okla.
14. Maiden name Edwarda Katherine Campbell
15. Birthplace Welch Okla.

16. (a) Informant Mrs. S. Laura Schenk
(b) Address Welch Okla.

17. (a) Burial, cremation, or removal Burial (b) Date thereof May 16, 1943
(c) Place: burial or cremation Welch Cemetery

18. (a) Signature of funeral director Charles Buschhalter
(b) Address Virginia, Oklahoma

19. (a) 5-15-43 (b) Gustavus Fred Hoelter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from 5-14 1943 to May 15 1943;
that I last saw him alive on May 14 P.M. 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cystic tumor of left lung
Duration 1 hr.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 155

Major findings: Of operations _____
Of autopsy _____

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? _____
(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 _____ (M. D. or other) _____
Address _____ Date signed 5/15/43

43-5-555

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.....

Charles Burckhalter #827 Registered Apprentice No.....

working under my personal supervision.

Signed *Charles Burckhalter*.....

Licensed Embalmer No. *827*.....

P. O. Address *Vinita, Oklahoma*.....

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, above space should be left blank.