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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19183

Registration District No. 3221 Primary Registration District No. 6086 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Rural #1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Salt Fork Township. (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 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. RFD #1 Salt Fork Township (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Sarah Maggie Neil

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Nelson Neil

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 6 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business General housekeeping

FATHER
12. Name Andrew J. Baker
13. Birthplace ..... (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Martha A. Faulkenbury
15. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J. A. Neil
(b) Address Marshall, Mo. R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Gene A. Brim
(b) Address Walnut Grove Mo

19. (a) Apr. 4-1943 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1943 hour 12 noon minute ..... M.

21. I hereby certify that I attended the deceased from Dec 1 1943 to April 4 1943 that I last saw her alive on April 3 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch. Myocarditis c̄ decompensation	6 months
Due to Hypertension	?
Due to	
Other conditions Ch. Nephritis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations .....
Of autopsy .....

131 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

23. Signature [signature] (M. D. or other)
Address Marshall Mo Date signed 4/4/43

1255

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

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 Gene A. Brown

Licensed Embalmer No. 766 J.

P. O. Address Walnut Groove, M

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.