

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 17 1943
Registration District No. 260

Primary Registration District No. 3076

Registrar's No. 50

108
000

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town _____

(c) Name of hospital or institution: S. Ash
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 52 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

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

(d) Street No. S. Ash St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME O. W. Neff

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1943 hour 8 minute P. M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife May Neff 6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased Dec 11, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2 1943 to May 16 1943
that I last saw him alive on May 14 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 5 5 hr. _____ min.

Immediate cause of death: Hypertensive cardio-renal disease

Due to general arteriosclerosis

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace Galena Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation news paper

11. Industry or business _____

12. Name John F. Neff

13. Birthplace Galena Mo
(City, town, or county) (State or foreign country)

14. Maiden name Genevieve Johnson

15. Birthplace Galena Co Mo
(City, town, or county) (State or foreign country)

Major findings: 131a

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Neff

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wickwood

18. (a) Signature of funeral director Marsh Gehring

(b) Address Nevada Mo

19. (a) 5-18-43 (b) Foyl B. Bewick
(Date received local registrar) (Registrar's signature)

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 F. L. Martin (M.D. or other) M.D.

Address Nevada Mo Date signed 5-18-43

1331

RECEIVED

District Health Officer No. 7,

District File Number

5-43-561

Date Filed

6-15-43

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

Mark Lechinger

Licensed Embalmer No.

2656

P. O. Address

Nevada, 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.