

S. No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38315**
Registrar's No. **221**

FILED DEC 10 1943
Registration District No. **37**

Primary Registration District No. **3023**

42
1
2

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

1. PLACE OF DEATH
(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 years**
years, months or days

3. (a) PRENT FULL NAME **William Edward Neill**
8. (b) If veteran, name war _____ 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma A. Neill** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **September 11 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **2** **10** hr. min.

9. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Frank Neill**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Francois Jones**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emma A. Neill**
(b) Address **Creighton, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 23 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Garden City, Mo.**

18. (a) Signature of funeral director **Robert Arnold**
(b) Address **Creighton, Mo.**

19. **November 26 1943** **Georgia Kitchen**
(Date received local registrar) (Registrar's signature) **G.K.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Cass**
(c) City or town **Creighton - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **21**
year **1943** hour **2** minute **6** A.M.
21. I hereby certify that I attended the deceased from **11-18**
1943 to **11-21**, **1943**
that I last saw him alive on **11-20**, **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic Poisoning**
Due to **Cystitis & Nephritis** **EMW**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **1318**

Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **H. Walker** (M. D. or other) **M.D.**
Address **Clinton Mo** Date signed **11-21-43**

RECEIVED

District Health Officer No. 7,

District File Number 11-43-1341

Date 12-9-43

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 Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Craighton 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, above space should be left blank.