

FILED FEB 10 1944
Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Cole**

(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **601 - Louist**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **8 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

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

(d) Street No. **601 - Louist**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mina Beulah Neely**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **3**
year **1944** hour **5** minute **25** A. M.

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **Nov 19 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 3 1944** to **Feb 2 1944** that I last saw her alive on **Feb 2 1944** and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **2** Days **13** If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Occlusion**

Due to _____

9. Birthplace **Callaway County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

Due to _____

Other conditions **Atherosclerosis**
(Include pregnancy within 3 months of death)

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Joseph Morris**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Holt**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings: Of operations **gta**

Of autopsy _____

16. (a) Informant **Mrs. Stella Williams**

(b) Address **1107 - E - Elm**

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

17. (a) **Burial** (b) Date thereof **2-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverview Cemetery**

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? _____

18. (a) Signature of funeral director **James Brown**

(b) Address **700 Jefferson**

19. (a) **2-4-44** (b) **Norma Richter**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **L. D. Taylor M.D.** (M. D. or other)
Address **Jefferson City Mo** Date signed **3-4-44**

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

Taylor

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 *L. H. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address *J. M. O.*.....

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.