No. 2
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5-17-39.
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2622

FILED FEB 14 1944

Registration District No. 94 Primary Registration District No. 5344 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Rural - N - Morgan Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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, months or days)

2. USUAL RESIDENCE OF DECEASED: 29
(a) State Mo (b) County Dade 0
(c) City or town rural - Aldrich 0
(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.? 0 years.

3. (a) PRINT FULL NAME Bobie Ray 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 single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased None (Month) (Day) (Year)
8. AGE: Years | Months 5 | Days | If less than one day hr. min.
9. Birthplace Dade Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation none
11. Industry or business ✓
FATHER
12. Name Henry Neill
13. Birthplace Dade Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Twala Compton
15. Birthplace Dade Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Henry Neill
(b) Address Aldrich Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 17-7 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Long Country
18. (a) Signature of funeral director Ennis Funeral Home
(b) Address Dadeville Mo
19. (a) 11-9-43 (Date received local registrar) (b) Kyle Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 6 day 6
year 1943 hour 6:00 minute 30 M.
21. I hereby certify that I attended the deceased from both, 1943 to Nov 1, 1943
that I last saw him alive on Oct 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Indigestion (acute)	3 days
Due to Chronic Entero Colitis	6 mos
Due to	
Other conditions Epileptic (Include pregnancy within 3 months of death)	6 mos

Major findings:
Of operations
Of autopsy none

119a

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 B. A. Kirby (M. D. or other)
Address Dadeville Date signed 11-7-43

1343

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 244-139
Date Filed FEB 11 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.