

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3834

FILED FEB 14 1944
264
Registration District No.

Primary Registration District No. 5892

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Linn
(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 6 months
In this community 6 months
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Linn Neil
3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Edith Neil 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Oct 6 - 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 15 If less than one day br. min.

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

10. Usual occupation Construction worker

11. Industry or business Water Neil

12. Name Ozark Co Mo

13. Birthplace Edith Neil
(City, town, or county) (State or foreign country)

14. Maiden name Edith Neil
(City, town, or county) (State or foreign country)

15. Birthplace Edith Neil
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Neil

(b) Address Sturgis, Mo.

17. (a) (Burial, cremation, or removal) ✓ (b) Date thereof 12-27-43
(Month) (Year)

(c) Place: burial or cremation Boys Cemetery

18. (a) Signature of funeral director Robert

(b) Address Sturgis, Mo.

19. (a) 1-24-44 (b) Margaret Hutchinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ozark
(c) City or town Linn
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 1 - 1943 to Nov 22, 1943

that I last saw him alive on Nov 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration 3 yrs

Due to 1361

Due to 1361

Other conditions (Include pregnancy within 3 months of death) 1361

Major findings: Of operations 1361

Of autopsy 1361

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1361

(b) Date of occurrence 1361

(c) Where did injury occur? (City or town) (County) (State) 1361

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1361

While at work (Specify type of place) (e) Means of injury 1361

23. Signature 1361

Address 1361

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6;

District File Number 244-159

Date Filed FEB 11 1944

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

J. J. Roberts

Licensed Embalmer No.

3137

P. O. Address

West Lane 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.