WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED MAR 10 1944

Do not use this space.

8173

1. PLACE OF DEATH
County St. Francois — Registration District No. 316 — File No.
Township St. Francois — Primary Registration District No. 6075 — Registered No. 405
City Farmington, Mo. (No. 2 State Hospital No. 4 St. Ward)

2. FULL NAME JOHN FRANKLIN NEASE
(a) Residence, No. Malden, Missouri St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 0
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 3 Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Elmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5, 1882

7. AGE: YEARS 61 — MONTHS 2 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Construction
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Willow Springs, Mo. 0

FATHER
13. NAME: John Thomas Nease
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chattanooga, Tenn. 1

MOTHER
15. MAIDEN NAME: Ruhamah Knipp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chattanooga Tenn. 1

17. INFORMANT (ADDRESS): Records State Hospital No. 4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nease Cem, Willow Springs, Mo. DATE 1-26-44, 19

19. UNDERTAKER (ADDRESS): T. R. Burns Funeral Home Willow Springs, Mo.

20. FILED 2-5, 1944 Byrdie Buhrmester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1944, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1944, 19, to Jan. 24, 1944, 19
I last saw him alive on January 24, 1944. Death is said to have occurred on the date stated above, at 5:05 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis — Date of onset

Other contributory causes of importance: 87

Name of operation None — Date of
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) S. A. Langford, M. D.
(Address) 408 W. First
Farmington, Mo.

RECEIVED

[illegible] Health Officer No. 4

[illegible] Number 344-347

[illegible] 3-7-44

MAY 28 1945

JUN 2 1944

MAY 31 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 C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Me