

FILED APR 25 1944

Registration District No. 5

Primary Registration District No. 4016

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio  
(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 6 8 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

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

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME ELLA LEOLA Mc. NEAL

3. (b) If veteran, name war ---

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1944 hour 3 minute 30 a. M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife D.H. Mc. Neal

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: Sept (Month) 18 (Day) 1871 (Year)

21. I hereby certify that I attended the deceased from Jan. 10 - 1943 to Mich - 11 - 1944; that I last saw her alive on March - 2 - 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 5 Days 22 If less than one day hr. min.

Immediate cause of death: Excitation of heart

Due to Valvular insufficiency

9. Birthplace West Jersey Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions (include pregnancy within 3 months of death) 9504

11. Industry or business

12. Name Howard Stebbins

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

14. Maiden name Mary K. Zimmerman

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

Major findings: Of operations ---

Of autopsy No Autopsy

16. (a) Informant D.H. Mc. Neal

(b) Address Tarkio, Mo.

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

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

(b) Date of occurrence ---

17. (a) burial (b) Date thereof 3/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

(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 ---

19. (a) 3/15/44 (b) Mrs. F. D. Pennington  
(Date received local registrar) (Registrar's signature)

23. Signature J. M. Davis (M. D. or other) ---

Address Tarkio Mo. Date signed 3-13-44

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

3  
2  
0

MOTHER FATHER

Duration 18 months

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

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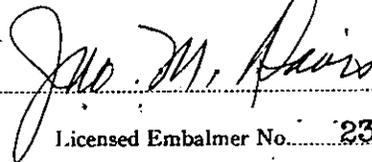
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**STATEMENT BY LICENSED EMBALMER**

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. 2394

P. O. Address Tarkio, 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, fact should be so stated above.**