

FILED MAY 15 1944

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 718 Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 718 Franklin
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARY ANN NEILL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June - 21 - 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Roy Freeman

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

14. Maiden name Armantha Jane M. Gregory

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

16. (a) Informant Miss Hattie Neill

(b) Address 718 Franklin Moberly Mo

17. (a) Burial (b) Date thereof Apr - 25 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humboldt Mo

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

(b) Address Moberly Mo

19. (a) 4-24-44 (b) Irma Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1944 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 3/43 19____ to April 21/44 19____
that I last saw live on April 11/44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration month

Due to 9321

Due to arterial Hypertension month

Other conditions arterial Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) Washington wall when had heart attack & fell in own house
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 Dr. E. N. Nave (M.D. or other) _____
Address Moberly Mo Date signed 4/21/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FEW

RECEIVED

District Health Officer No. 10

District File Number 5-44-1011

Date Filed MAY 12 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moherly 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.