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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27121

Registration District No. 31 Primary Registration District No. 5046 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural, R. Crane Tun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Crane Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Edgar Springs, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Verna James Neill

3. (b) If veteran, name war

3. (c) Social Security No. 464-14-7663

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Letha Neill

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

7. Birth date of deceased July 8, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Barry Co., Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Neill
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Wiley
15. Birthplace Barry Co. 0 Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Wood
(b) Address Edgar Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation Crane, Mo.

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.

19. (a) Aug 1/44 (Date received local registrar) (b) Nel Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1944 hour 7 minute 20 a. M.

21. I hereby certify that I attended the deceased from June 7, 1944, to June 9, 1944
that I last saw him alive on June 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Left)	3 Hours
Due to Hypertensive Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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)

(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 A. P. Coffin M.D. (M. D. or other)
Address Crane, Mo Date signed 6-9-44

1-16

(Licensed Embalmer's Statement on Reverse Side)

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address, Aurora 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.