

FILED NOV 10 1944

Registration District No. 277

Primary Registration District No. 5913

1. PLACE OF DEATH:

(a) County Perry  
 (b) City or town "Rural" Bois Brule  
 (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 1  
 (Specify whether  
 In this community 1  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
 (c) City or town "Rural"  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Ms. Bride, R. 1.  
 (If rural, give location)  
 (e) Citizen of foreign country? Ms. (Yes or No)  
 If yes, name country 12

3. (a) PRINT FULL NAME

John Neels

3. (b) If veteran name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sophia Tierens

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

7. Birth date of deceased June  
 (Month) (Day) (Year)

10, 1853  
 (Day) (Year)

8. AGE: Years 91

Months 3

Days 29

If less than one day  
 hr. min.

9. Birthplace 4 Holland  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER, FATHER

12. Name Hyppolite Neels

13. Birthplace 4 Holland  
 (City, town, or county) (State or foreign country)

14. Maiden name Sophia De Smet

15. Birthplace 4 Holland  
 (City, town, or county) (State or foreign country)

16. (a) Informant Les Neels

(b) Address Ms. Bride, R. #1, Mo.

17. (a) Burial (b) Date thereof 10-12-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belgique Catholic Cem.

18. (a) Signature of funeral director Jerryville, Mo.

(b) Address Jerryville, Mo.

19. (a) 10-10-44 (b) J. H. G. Eddy  
 (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th  
 year 1944 hour 11:26 minute P. M.

21. I hereby certify that I attended the deceased from Feb 23 1923 to Oct 9 1944  
 that I last saw him alive on Oct 3 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Other conditions 94a  
 (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)  
 (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?

While at work? (Specify type of place)  
 (a) Means of injury

23. Signature Wm. B. Baily (M. D. or other)  
 Address Perryville Date signed 10/10/44

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

900

RECEIVED

District Health Officer No. 4  
District File Number 1144-4514  
Date Filed 11-7-44

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 Albert Bey  
Licensed Embalmer No. 3866  
P. O. Address Perryville, 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.