

FILED JAN 9 1945

Registration District No. 206

Primary Registration District No. 6749

Registrar's No. 79

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Rural; Polk TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 mile East of Roselle  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community two years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Madison 62  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile East of Roselle  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Wesley Neighbors  
(b) If veteran, Spanish-American Social Security name war no No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 25  
year 1944 hour 1 minute 00 A. M.

4. Sex male 5. Color or race white  
6. (a) Single, -widowed, married, divorced married  
6. (b) Name of husband or wife Minnæ Neighbors  
6. (c) Age of husband or wife if alive 74 years

21. I hereby certify that I attended the deceased from April 15<sup>th</sup> 1944 to Dec. 25<sup>th</sup> 1944.  
that I last saw him alive on Dec. 24<sup>th</sup> 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 14 1861  
(Month) (Day) (Year)

Immediate cause of death acute cardiac Failure Duration 12/25/44  
Due to chronic myocarditis ??

8. AGE: Years 83 Months 4 Days 11  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to chronic arthritis ?  
Other conditions degenerative  
(Include pregnancy within 3 months of death)

9. Birthplace Unknown (City, town, or county) (State or foreign country)  
10. Usual occupation carpenter  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Jess Neighbors  
(b) Address Ironton Mo.  
17. (a) burial (b) Date thereof 12-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chloride Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Norman White & Sons  
(b) Address Ironton Mo.  
19. (a) Dec 28 1944 (b) S. C. Schaefer  
(Date received local registrar) (Registrar's Signature)

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury car. acc.  
23. Signature R. J. Harland (M. D. or other)  
Address Ironton, Mo. Date signed 12/27/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 145-21

Date Filed 1-6-45

JAN 10 1945

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 Lucy J. White

Licensed Embalmer No. 5012

P. O. Address Smiths Hill

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.