S. No. 2
M—2-43
. 5-17-39
-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2082

Registration District No. 93

Primary Registration District No. ~~415~~ 5336

Registrar's No. 63

1. PLACE OF DEATH:

(a) County DADE

(b) City or town RURAL - CENTER Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 1/2 Mi. S.W. TOWN (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 54 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DADE 29

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

(d) Street No. 2 1/2 Mi. S.W. TOWN. (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME LIZA NEILL McLEMORE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased MARCH (Month) 24 (Day) 1864 (Year)

8. AGE: Years 80 | Months 8 | Days 20 | If less than one day ___ hr. ___ min.

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

10. Usual occupation HOME

11. Industry or business ✓

FATHER
12. Name JOHN NEILL
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH MAYFIELD
15. Birthplace ARKANSAS (City, town, or county) (State or foreign country)

16. (a) Informant Ralph McLemore

(b) Address Greenfield Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sam E. Senseney Jr

(b) Address Greenfield Mo

19. (a) Dec. 16, 1944 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 14 year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 12-1, 1944, to Dec 14, 1944 that I last saw her alive on Dec 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H. O. Cowan (M. D. ~~or other~~)

Address Greenfield Mo Date signed 12-16-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-12 2
Date Filed JAN 1 [illegible]

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 Sam E. Senseney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.