S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1945

Registration District No. 282

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3055

State File No. 3121

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar (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 (Specify whether In this community years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Martin Neil

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Ella Neil

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 28 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	9	25	hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Samuel Neil
13. Birthplace (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Amanda Tyggart
15. Birthplace (City, town, or county) Georgia (State or foreign country) 0

16. (a) Informant Mrs Ella Neil

(b) Address Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin

(b) Address Bolivar, Mo.

19. (a) Jan 25 1945 (Date received local registrar) (b) Alice Palen (Registrar's signature)

1244

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1945 hour about 3 minute a M.

21. I hereby certify that I attended the deceased from Jan. 23, 1945, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Insufficiency

Due to

Due to

Other conditions ✓ (Include pregnancy within 3 months of death) 92d

Major findings:
Of operations ✓

Of autopsy None

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 2

23. Signature Willard B Erwin (M. D. or other) Arrier

Address Bolivar Mo. Date signed 1/24/45

(Licensed Embalmer's Statement on Reverse Side)

1-45-51

2-6-45

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.....

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.