

S. No. 2
M-2-43
7-5-17-39
K-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9946

State File No. _____

FILED MAR 29 1946
Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
128 Jasper St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 128 Jasper St
(If rural, give location)

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

3. (a) PRINT FULL NAME Isaac Lewis Neill

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 15 1946 to Feb 20 1946 and that I last saw him alive on Feb 20 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Neill 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 30 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration _____

8. AGE: Years 81 Months 8 Days 21 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) g m

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

10. Usual occupation Retired Farmer

PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William Neill

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Mrs Hattie Neill

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 2/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora 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? _____

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

18. (a) Signature of funeral director J. L. King

(b) Address Aurora Mo.

19. (a) 2/21/46 (b) Asa Mcnett
(Date received local registrar) (Registrar's signature)

23. Signature M. D. Ferron (M. D. or _____)
Address Aurora, Mo Date signed Feb 19-46

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RECEIVED

District Health Officer No. 6;

District File Number

346-379

Date Filed

MAR 25 1946

MAR 20 1946

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.