

No. 2
1-43
5-17-39
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FILED SEP 10 1946
Registration District No. 105

Primary Registration District No. 5419

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Clarkton
(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)

3. (a) PRINT FULL NAME Raymond Daniel Neely
3. (b) If veteran, name war. ~~105~~
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eileen Neely
6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased July 25 1925
(Month) (Day) (Year)

8. AGE: Years 19 Months _____ Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Dunklin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name J.S. Neely
13. Birthplace Clay Co. Ark
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Henley
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jim Johnson
(b) Address Clarkton, Mo.

17. (a) Burial (b) Date thereof 8-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Cemetery

18. (a) Signature of funeral director Frank Russell
(b) Address Clarkton, Mo.

19. (a) 9-3-46 (b) Arnell Key
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Clarkton - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? / (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20
year 46 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, 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 Broken neck head and chest crushed
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following: 35

(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? 35
Heppury #26
(Specify type of place) (e) Means of injury _____

23. Signature Walter A. Hankins
While at work? _____ (c) Means of injury _____

Address Henrett, Mo. Date signed 8-20-46

SEP 20 1945

W. A. Hopkins
Kennett, Mo.

RECEIVED

District Health Office No. 2

District File Number 946-106

Date Filed 9-5-46

OCT 21 1945

OCT 23 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept
Registrar's No. 4

Registration District No. 105 Primary Registration District No. 549

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Clarkton
(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.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond O Neely
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug 20
year 1946 hour _____ minute _____ M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased: July (Month) 25 (Day) _____ (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: 19 Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to two autos run to gather
one coming off of side road
run in to one on hiway # 25
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

Major findings:
Of operations _____
Of autopsy _____
1700-8
22

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 20th 1946
(c) Where did injury occur? Clarkton Dunklin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hiway # 25
While at work? _____ (Specify type of place) (e) Means of injury neck broke
23. Signature Walter G. Hopkins (M. Director) GOR
Address Henryville Mo Date signed 9-21-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

25616

20769