S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41189

Registration District No. 175 Primary Registration District No. 5646 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Maronville MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ½ East Maronville (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55 0
(c) City or town Maronville MO 0 (If outside city or town limits, write "RURAL")
(d) Street No. ½ East Maronville (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Fredrick Omer Neill
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Neill
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March (Month) 11 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	1	hr. min.

9. Birthplace Lawrence (City, town, or county) 0 (State or foreign country)
10. Usual occupation Railroader
11. Industry or business
FATHER
12. Name Isaac Neill 0
13. Birthplace Lawrence (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Neill
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Clara Neill
(b) Address Maronville MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 15 (Day) 46 (Year)
(c) Place: burial or cremation 300 F Maronville
18. (a) Signature of funeral director Oscar Marsh
(b) Address Gaona MO
19. (a) 12-20-46 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1946 hour 4 minute 30 A M.
21. I hereby certify that I attended the deceased from Nov 1946 to Dec-12 1946 that I last saw him alive on Dec-9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asthma (Bronchial)	yrs.
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.

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 0
23. Signature A. P. Cogetti M.D. (M. D. or other)
Address Aurora, Mo. Date signed 12-12-46.

157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 147-1
Date Filed JAN 6 1947

DEC 10 1948

MAR 25 [redacted]

MAY 17 1952

FEB 16 1954

SEP 8 1958

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar Marsh

Licensed Embalmer No. 3812

P. O. Address Corona 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.