

No. 9
A-5-43
5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27271
Registrar's No. 20

FILED AUG 29 1947
Registration District No. 104

Primary Registration District No. 5418

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Perry Neeley

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Betty Neeley
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased July 26 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 27
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Neeley
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Bills
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Neeley, Jr.
(b) Address Holcomb, Missouri

17. (a) Burial (b) Date thereof 6/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Blayne Russell
(b) Address 299 1/2 W. 1st
19. (a) 7/23/47 (b) J. B. Schumers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1947 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 23 1947 to June 23 1947
that I last saw him alive on June 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to High Blood Pressure
Other conditions ✓
(Include pregnancy within 3 months of death)

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

Major findings: ✓
Of operations ✓
Of autopsy ✓

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? ✓

23. Signature J. P. Calton (M. D. or other) 200
Address Malden Date signed 6/23/47

RECEIVED

District Health Office No.

District File Number 847-112

Date Filed 8-22-4

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 *Lloyd Russell*.....

Licensed Embalmer No. *509 Ark*.....

P. O. Address *At Piggott, Ark.*.....

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.