

FILED OCT 4 1947
Registration District No. **2525**

Primary Registration District No. **4335**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **MONTEAU**

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

(c) Name of hospital or institution: **HIWAY 50 - EAST**
(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 **Tennessee** (b) County **DAVIDSON**

(c) City or town **Nashville Place**
(If outside city or town limits, write "RURAL")

(d) Street No. **1401 Villa Place**
(If rural, give location)

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

3. (a) PRINT FULL NAME **ALVIN SPENCER NEIGHBORS**

3. (b) If veteran, name war **World War II**

3. (c) Social Security No. **488-21-321**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **25**
year **47** hour **10** minute **50P.M.**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, divorced, **Married**

6. (b) Name of husband or wife **Betty Lee** (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **March** (Month) **5** (Day) **1925** (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him **live on** _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Multifocal fractures (skull, leg, neck)**

Due to **Car wreck**

8. AGE:	Years	Months	Days	If less than one day
	22	6	20	_____ hr. _____ min.

Due to _____

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

9. Birthplace **Wenatchee Washington**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

Major findings: **170 cc of blood**

Of operations _____

Of autopsy **None**

11. Industry or business _____

12. Name **Guy Neighbors**

13. Birthplace **Missouri - Washington Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Marvel Wrightt**

15. Birthplace **Nova Scotia**
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **9-25-47**

(c) Where did injury occur **6 mi E. Tipton Montevallo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Hiway 50, 6 mi E. Tipton**
While at work? **Yes** (Specify type of place) (e) Means of injury **Car**

16. (a) Informant **Mrs. Roy Neighbors**

(b) Address **510 Dal-Whi-Mo**

17. (a) **Burial** (b) Date thereof **9/28/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Warrensburg Mo.**

18. (a) Signature of funeral director **Ed Williams**

(b) Address **Sedalia**

19. (a) **9-26-47** (b) **Mrs. Maude L. Davidson**
(Date received local registrar) (Registrar's signature)

23. Signature **Ed Williams** (M.D. or substitute)
Address **Tipton Mo** Date signed **9-28-47**

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

MOTHER FATHER

Call. with other Mr. Williams

OCT 28 1947

OCT 13 1947

Date Filed 10-3-47
District File Number

District Health Officer No. 9,

RECEIVED

NOV 12 1947

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 John A. Cantlon
Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.