

S. No. 2
M-1/47
v. 5-17-39

36748

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

NOV 15 1947

Registration District No. 324

Primary Registration District No. 7072

Registrar's No. 221

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **664 So. Salt Pond /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Eight Months & Two Days**
In this community **Eight Months & Two Days** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** 97
(c) City or town **Marshall** 1
(If outside city or town limits, write "RURAL")
(d) Street No. **664 So. Salt Pond** 2
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME **Minnie Neel**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widowed**
6. (b) Name of husband or wife **Elbert L. Neel** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **December 21 1866**
(Month) (Day) (Year)

8. AGE: Years **80** Months **10** Days **13** If less than one day hr. min.

9. Birthplace **Cretcher Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Charles Taliaferro**

13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Hettie Bailey**

15. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lena Rasa**
(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **11/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ridge Park Cemetery**

18. (a) Signature of funeral director **J. Leslie Suraney**
(b) Address **Marshall, Mo.**

19. (a) **11-5-1947** (b) **Sidney J. Gray**
(Date received local registrar) (Registrar's signature) 2015

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **11th** year **1947** hour minute **9** a.m.
21. I hereby certify that I attended the deceased from **August 10** to **Nov 3** that I last saw her alive on **Nov 3** and that death occurred on the date and hour stated above.

Immediate cause of death **ARTERIOSCLEROTIC Heart Disease**

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause of 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?
While at work (Specify type of place) (e) Month of injury
23. Signature **James C. Ford** (M. D. or other)
Address **Marshall Mo** Date signed **11-5-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-15-47

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. 2235

P. O. Address Marshall, W. Va.

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.