

FILED MAR 8 1948

Registration District No. 291

Primary Registration District No. 3048

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: Landfather Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Quitman  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert W Neeley

3. (b) If veteran, name war No

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
year 1948 hour 4 minute 40 A. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hannah Neeley 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 12 - 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 12 1948 to Feb. 22 1948  
that I last saw him alive on Feb. 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Rind Dis days

8. AGE: Years 79 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wilbur Neeley

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

14. Maiden name Elizabeth Steadman

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

16. (a) Informant Mrs. Hanna Neeley

(b) Address Quitman, Mo.

17. (a) Burial (b) Date thereof 2-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quitman, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director G.M. Atchison

(b) Address Maryville, Mo.

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(c) Means of injury \_\_\_\_\_

19. (a) 2-23-48 (b) Bess Welch  
(Data received local registrar) (Registrar's signature)

23. Signature W. Landfather M. D. or other \_\_\_\_\_

Address Maryville, Mo. Date signed 2-23-48

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

74  
1  
2

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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

*G. M. Atkinson*

Licensed Embalmer No.

*2279*

P. O. Address

*Marionville 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.**