

Registration District No. 251

Primary Registration District No. 5-853

Registrar's No. 192

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 Nodaway County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. - 3 wks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Claude E. Neville
3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Emma Neville 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Nov. 11 - 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Skidmore Mo. -
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Solomon Neville

13. Birthplace unknown - 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 6

15. Birthplace unknown 4
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Art Hill
(b) Address Skidmore, Mo.

17. (a) Burial (b) Date thereof 8-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Groves Cem -
G. M. Atchison
(d) Signature of funeral director Maryville, Mo.
(b) Address 8-6-48 (b) Bess Holts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Skidmore 5
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 48 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from not
attended 19____ to 19____
that I last saw him alive on not seen 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Due to chronic myocarditis and arteriosclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: no operations
Of operations _____
Of autopsy no 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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature Edna Coroner (M. D. or other) MD
Address Maryville Mo Date signed 8-1-48

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

MOTHER FATHER

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 Altus*

Licensed Embalmer No. *2279*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.