

2  
47  
-39

Registration District No. 367

Primary Registration District No. 5906

1. PLACE OF DEATH:

(a) County: Permiscat

(b) City or town: Rural Little River  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 yrs (Specify whether years, months or days)

In this community: 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Perm 78

(c) City or town: Rural  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: Millie M Neely

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

4. Sex: Male 5. Color or race: Col

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Noraretta Neely 6. (c) Age of husband or wife if alive: 24 years

7. Birth date of deceased: 3 28 1891  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace: Monroe County Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Cotton Farm

12. Name: Peter Neely

13. Birthplace: Monroe County Miss  
(City, town, or county) (State or foreign country)

14. Maiden name: Noraretta Jackson

15. Birthplace: Noraretta Neely (Monroe Co Miss)  
(City, town, or county) (State or foreign country)

16. (a) Informant: Noraretta Neely

(b) Address: Wardell Mo

17. (a) Burial (b) Date thereof: 6-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wardell Mo

18. (a) Signature of funeral director: L. J. Smith

(b) Address: Wardell Mo

19. (a) 9-9-48 (b) John W. Herman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1948 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from 6-14-48  
6-15-48 19... to 6-15-48 19...  
that I last saw him alive on 6-15-48 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis

Duration: 3 days

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

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

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

Major findings: 30

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? \_\_\_\_\_ (Specify type of place)

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

23. Signature: Wardell (M. D. or other)

Address: Wardell Date signed: 6-15-48

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

9-48-262

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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.....

*Jack Kelley*

Licensed Embalmer No. 3788

P. O. Address Hayti 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.