No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31897

Primary Registration District No. 4004

Registrar's No. 269

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: Bolckow
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew
(c) City or town: Bolckow
(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

3. (a) PRINT FULL NAME: Rebecca Neely
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 6 (Day) 1863 (Year)

8. AGE: Years 84 Months 11 Days 27 If less than one day hr. min.

9. Birthplace: Andrew Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: William A. Reece
13. Birthplace: Un Known (City, town, or county) U (State or foreign country)
MOTHER 14. Maiden name: Aj Hobson
15. Birthplace: Un Know (City, town, or county) U (State or foreign country)
16. (a) Informant: Glenn Neely
(b) Address: Bolckow Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bolckow
18. (a) Signature of funeral director: E. C. Breit
(b) Address: Savannah Mo
19. (a) 10-8-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3 year 1948 hour 4 minute 35 P. M.
21. I hereby certify that I attended the deceased from Jan 15, 1948 to Death, 19..; that I last saw h. alive on July 3, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemmorhage	
Due to: Arterio Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: No
Of autopsy: No

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? (e) Means of injury?

23. Signature: W. Sogaulbaer (M. D. ~~or other~~)
Address: Bolckow, Mo. Date signed 7/6-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 E. E. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.