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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42469

Registration District No. 135 | Primary Registration District No. 5496 | Registrar's No. 6

DELAYED

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town ~~Ridgeway~~ GRANT TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 72 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Ridgeway Rural GrantTwp
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles south
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Isaac Henry Neff
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased October 7, 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	5	9	hr. min.

9. Birthplace Harrison County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business XX
MOTHER FATHER
12. Name E. Orson Neff.
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Amanda Reasecker
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Ada Neff.
(b) Address Ridgeway, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Dale Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Bethany, Mo.
19. (a) 3/19/48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1948 hour 6 30 minute A M.
21. I hereby certify that I attended the deceased from Mch. 14, 1948, to Mch. 16th, 1948, that I last saw him alive on Mch. 14th 1948, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorhage	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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 Dr R A Beals (M.D. or other) D.O.
Address Stanberry Mo. Date signed 3/16 48

(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 M. B. Haas

M. B. Haas.

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

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

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