

## STANDARD CERTIFICATE OF DEATH

State File No. 31202Registration District No. 104Primary Registration District No. 3008Registrar's No. 234

## 1. PLACE OF DEATH:

(a) County Callaway  
 (b) City or town Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution six days  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT  
FULL NAMEELMER NEESON3. (b) If veteran,  
name war3. (c) Social Security  
No. D.K.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if

7. Birth date of deceased Aug. ? 1941  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 28 If less than one day  
 hr. min.

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

10. Usual occupation none

## 11. Industry or business

MOTHER FATHER { 12. Name Charles Neeson  
 13. Birthplace D.K. 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Virginia ?  
 (City, town, or county) (State or foreign country)  
 15. Birthplace D.K. A  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital records  
 (b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof Sept. 4, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Carmel Cemetery

18. (a) Signature of funeral director Tom B. Patton  
 (b) Address Huntville, Mo.

19. (a) Sept. 4, 1941 (b) R. N. Cress  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
 (c) City or town Randolph Co., Poor Farm  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location) 2  
 (e) If foreign born, how long in U. S. A.? 2 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day second  
 year 1941 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from August  
twenty-sixth, 1941, to Sept. 2, 1941;  
 that I last saw him alive on Sept. 1, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration

Due to Cardiac decompensation 6 days

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 sta-  
 tistically.

## 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) (e) Means of injury

23. Signature Arthur R. R. R. (M. D. or other)  
 Address State Hospital Date signed 9/2/41

106 (Licensed Embalmer's Statement on Reverse Side)

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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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala.

**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.**