/2
5-43
17-39
I X36671

08
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21558

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 93

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 9 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo 11 days
In this community 1 Mo 11 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Oak Grove 108 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NEATIE LEE

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, or divorced Wid
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ___ years
7. Birth date of deceased Jany 23 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace Greene Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home
FATHER 12. Name Thomas Huff
13. Birthplace Mo 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Polly Wommack
15. Birthplace Mo Greene Co 0 (City, town, or county) (State or foreign country)
16. (a) Informant Charles Beckerdite
(b) Address Oak Grove Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Klingner Fun. Home Springfield, Mo
18. (a) Signature of funeral director
(b) Address Springfield, Mo
19. (a) 6-19-45 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1945 hour 6 minute 10 p M.

21. I hereby certify that I attended the deceased from May 8, 1945 to June 17, 1945
that I last saw her alive on June 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	?
Due to ✓	
Due to ✓	

Other conditions Psychosis
(Include pregnancy within 3 months of death) ✓

Major findings:
Of operations no
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 0

23. Signature R G Hall (M. D. or other)
Address Nevada Mo Date signed 6/17/45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-45-664
Date Filed 7-11-45

JUL 23 1945

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 Marsh Eckenger

Licensed Embalmer No. .....

P. O. Address.....

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.