

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11985
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Independence Primary Registration District No. 5554
(c) City Independence, Mo. Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 97

2. PRINT FULL NAME

Mrs. Willie Kate Neff 100
(a) Residence, No. 1830 Northern Blvd. N. J.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles T. Neff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 - 1874

7. AGE YEARS 63 MONTHS 11 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Georgetown (STATE OR COUNTRY) Kentucky13. NAME Franklin Raddall14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____15. MAIDEN NAME Alice Sourido16. BIRTHPLACE (CITY OR TOWN) e (STATE OR COUNTRY) Unknown17. INFORMANT Mrs Theo. Neff (ADDRESS) 4429 Carroll St. C. Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE May 30 193819. FUNERAL DIRECTOR G. H. Mitchell (ADDRESS) Independence, Mo20. FILED 3-30-38 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 27 1938 to March 27 1938
I last saw him alive on March 27 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisDate of onset IndistOther contributory causes of importance: ✓

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. C. Hester, M. D.
(Address) Independence Mo
360

93102

STATEMENT BY LICENSED EMBALMER

R. B. Mitchell, Licensed Embalmer No. 646

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed R. B. Mitchell

Licensed Embalmer No. 646

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.)