

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 311

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 809 E Normal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Same
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT-FULL NAME James H. Neet
(b) If veteran, name war _____
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 30
year 1939 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from Oct 10
1939 to Dec 30, 1939
that I last saw him live on Dec 29, 1939
and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Elizabeth Neet
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept 18, 1952
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis
Due to arteriosclerosis 10 yrs
Due to _____
Other conditions Chronic valvular heart disease 20 yrs
(Indicate those which help 3 months of death)

8. AGE: Years 87 Months 3 Days 10
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Sullivan County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Benjamin T. Neet
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha Boyles
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Neet Shanks
(b) Address Kirkville

17. (a) Burial (b) Date thereof 12-31-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Browning, Mo.

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirkville, Mo.

19. (a) 1-5-40 (b) Spencer L. Neenan
(Date received local registrar) (Registrar's signature)

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 M. M. Callahan M. D. (Other) _____
Address Kirkville Mo Date signed Jan 4

RECEIVED

District Health Officer No. 10

District File Number 1-40-83

Date Filed JAN 8 1940

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 Harold A. Vega

Licensed Embalmer No. 4076

P. O. Address Kirkville, 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, above space should be left blank.