

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

19  
7  
5

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

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1409 Missouri Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 3 Years

3. (a) PRINT FULL NAME Tom H. Neill  
 (b) If veteran, name war No  
 (c) Social Security No. 444-03-2220

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife unknown  
 (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased MAY 25 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 28  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation MINER

11. Industry or business MINING

12. Name HUGH H. NEILL

13. Birthplace VERDON SOUTH DAKOTA  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN HANLON

15. Birthplace BALTIMORE MARYLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant John Caywood  
 (b) Address Joplin Mo

17. (a) BURIAL (b) Date thereof 12-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MT. CALVARY CEMETERY

18. (a) Signature of funeral director Hurlbert and Co

(b) Address 212 Joplin St Joplin Mo

19. (a) 12-23-40 (b) Ed W. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1409 Missouri Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
 year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1 - 1940, 1940, to Dec 23 - 1940,  
 that I last saw him alive on Dec 21 - 40,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions ?  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

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? 372

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature J. N. Lawrence (M. D. or other) \_\_\_\_\_

Address Miami & Ma Date signed 12/23/40

**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 *James K. Hulbert*

Licensed Embalmer No. 959

P. O. Address *Joplin 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, fact should be so stated above.**