No. 2
-13-40
17-39
X23159

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

FEB 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2388

Registration District No. 244 Primary Registration District No. 5338 Registrar's No.

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Bennett Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Fox
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas 30
(c) City or town Bennett Springs (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Neil
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 12 (Day) 1855 (Year)

8. AGE: Years 85 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Polk Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Claude Neil
(b) Address Bennett Springs
17. (a) Pleasant Ridge (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 1941 (Year)
(c) Place: burial or cremation Alfred Mo
18. (a) Signature of funeral director L. Hurst
(b) Address Buffalo Mo
19. (a) 1-29-1941 (Date received local registrar) (b) Mrs C E Reed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour 12 minute 4:30 P. M.
21. I hereby certify that I attended the deceased from 12-31, 1940, to 12-31, 1940;
that I last saw him alive on 12-31, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to 107

Due to

Other conditions General Debilities of age
(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? 955 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Lebanon Mo Date signed 1/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-379
Date Filed 2-13-41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.