

MAR 14 1941
Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Anderson
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Anderson Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 2 hours
years, months or days

3. (a) PRINT FULL NAME Montgomery Keith Neely

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Feb 15 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
42 hours

9. Birthplace Mexico mo O
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Montgomery Keith Neely

13. Birthplace Mexico mo O
(City, town or county) (State or foreign country)

14. Maiden name Mary Bradley

15. Birthplace Moberly mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jewell Neely

(b) Address Mexico mo O

17. (a) burial (b) Date thereof 2-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico mo O

18. (a) Signature of funeral director Mrs. Phyllis Neely

(b) Address Mexico mo O

19. (a) Feb 18-1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Anderson 4
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 307 - N Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1941 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 15 to Feb 16 1941
that I last saw him alive on 2-16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Renal Crisis

Due to Renal blood vessel in brain

Due to from 7 amp during full face presentation

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

Major findings: _____

Of operations _____

Of autopsy 160

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? 0

(e) Means of injury _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Paul E. Carl (M. D. or other) 0

Address Mexico mo O Date signed 1-17-41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-586

Date Filed MAR 10 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Prepared,} ~~embalmed~~ by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Mr. Phineas Brown

Licensed Embalmer No. 1133

P. O. Address Meriden, Conn.

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

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