

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH: **FILED SEP 1941**
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **899 E. Walnut.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **3 Months /** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene** **039**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **899 E. Walnut**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Katherine L. Neeley**
3. (b) If veteran. **no** name war. **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **21**
year **1941** hour **3** minute **25 a.m.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Oren A. Neeley**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Feb. 14 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8-11-41**, 19____, to **8-20-41**, 19____;
that I last saw **her** alive on **8-21**, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 **6** **7** _____ hr. _____ min.

Immediate cause of death **Coronary thrombosis**
Duration **9 days**

9. Birthplace **Springfield Illinois**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (include pregnancy within 5 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **John P. Dryden**
13. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Lorella Jackson**
15. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Oren A. Neeley**
(b) Address **Springfield, Mo.**

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? _____

17. (a) **Removal** (b) Date thereof **Aug. 21 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Emporia, Kansas**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **8-21-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury **to** _____ (M.A.D. or other)
Signature **Ad Stare** Date signed **8/27/41**

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

9
2
6

984

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.