

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2

Registrar's No.

Registration District No. 458

Primary Registration District No. 4301

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution N.E. part of town
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT NEFF

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Neff 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept 25 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business Farming

12. Name John Neff

13. Birthplace unknown Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Neff

15. Birthplace unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Neff

(b) Address Bucklin Mo.

17. (a) Burial (b) Date thereof Feb 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Bucklin Mo.

18. (a) Signature of funeral director Person Funeral Services

(b) Address Bucklin Mo.

19. (a) 2-20-1942 (b) J. C. Cantwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1942 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1942 to Feb 19 1942
that I last saw him alive on Feb 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to endarteritis

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

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature J. C. Cantwell (M. D. or other)
Address Bucklin Mo. Date signed 2-21-42

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

58
00

MOTHER FATHER

449

11224

2

051
0
0

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..... *E.A. Larson*

Licensed Embalmer No. *4037*

P. O. Address *Bucklin, 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.