

3. No. 2
4-5-42
5-17-39
1 X3257

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18137
18137

State File No.

Registrar's No.

Registration District No. 156

Primary Registration District No. 2001

273

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

19
52

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 2307 Adèle /
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

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. 2307 Adèle
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Lorene Neill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Raymond 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 18 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

32 0 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Ernest Hensley

13. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Dicea Dodson

15. Birthplace Orange Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Neill (Husband)

(b) Address 2307 Adèle

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Mo.

19. (a) 5-17-43 (b) Arturo Dredhoefer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 13, 1942 to May 12, 1943
that I last saw her alive on May 12th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Spinomuscular Paralysis which involved the heart

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?

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

23. Signature J. P. Young, M.D. (M.D. or other)

Address 604 Joplin National Bank Date signed 5-15-43

48 5-554

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... *F. M. Jones*

Licensed Embalmer No. *2319*

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.