

Bureau of Census  
**FILED JUN 12 1943**

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1336

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mosier Convalescent Home. # RST

7307 Hoover Ave.  
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo.  
(Specify whether years, months or days)

In this community 1 mo.

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Tennessee (b) County 710

(c) City or town Cleveland,  
(If outside city or town limits, write "RURAL")

(d) Street No. unknown  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Jennie H. Neil.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Richard M. Neil.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 23 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>13</u>	<u>_____</u> hr. <u>_____</u> min.

9. Birthplace Chattanooga Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mr. N.L. Allen.

(b) Address 3438 Russell Blvd.

17. (a) removal  
(Burial, cremation, or removal)

(b) Date thereof 6-7-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Chattanooga, Tenn.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) 6-7-43  
(Date received local registrar)

(b) [Signature]  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1943 hour 3:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1940, 19\_\_\_\_\_, to June 6, 1943  
that I last saw her alive on June 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to Hypertensive heart disease years \_\_\_\_\_

Due to Generalized arteriosclerosis years \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations 9/30

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)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 24. 2

Address 3720 Washington Date signed June 7, 43

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

96  
00

OLD G. NEWMAN.  
3720 Washington  
JE 4515  
Hrs. 1 to 5 Pm.

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**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis 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.**