

S. No. 2
7-9441
5-17-37
I x22

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28732

State File No.

Registrar's No.

FILED SEP 14 1943 200
Registration District No.

Primary Registration District No. 3041

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Lizzie Neff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race 3 Negro
6. (a) Name of husband or wife John Neff 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. 10 1870
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name James Winsor
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Martha Richardson
15. Birthplace Okla (City, town, or county) (State or foreign country)

16. (a) Informant John Neff
(b) Address Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem. Macon Mo

18. (a) Signature of funeral director Stephens & Seefling
(b) Address Macon, Mo.

19. (a) 9/2/43 (Date received local registrar) (b) Jacob Funkler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1943 hour 7 minute 00 AM/PM

I hereby certify that I attended the deceased from June 3 to Aug 17, 1943
that I last saw her alive on Aug 17, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Duration 2 yrs +

Due to _____

Due to _____

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

Major findings: Of operations 46h
Of autopsy _____

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 J Sumner (M.D. or other) _____
Address Macon, Mo. Date signed 8/20/43

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

3/2

137

RECEIVED

State Health Order No. 10

District File Number 9-43-1561

Date Filed SEP 14 1943

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.