

FILED FEB 24 1945

Registration District No. **238**

Primary Registration District No. **4355**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **New Madrid**

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

(c) Name of hospital or institution: **No**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **No** (Specify whether)

In this community **4 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**

(c) City or town **New Madrid** **12**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4**  
(If rural, give location) **0**

(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country **61**

3. (a) PRINT FULL NAME **TOM NEELY**

(b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**  
year **1944** hour **6:00** minute **7** P. M.

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

4. Sex **M** 5. Color or race **BLACK**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LUIA NEELY**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **OCT - 11 - 1891**  
(Month) (Day) (Year)

Immediate cause of death **Acute Myocarditis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **93A**

Major findings: Of operations

Of autopsy

8. AGE: Years **52** Months **3** Days **18**  
If less than one day hr. min.

9. Birthplace **unk** **TENN**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Way Way**

11. Industry or business

12. Name **Tom Neely**

13. Birthplace **unk** **TENN**  
(City, town, or county) (State or foreign country)

14. Maiden name **unk**

15. Birthplace **unk** **unk**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alto Wood**

(b) Address **New Madrid, Mo**

17. (a) **Burial** (b) Date thereof **12/31-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wood Hill**

18. (a) Signature of funeral director **Richard Cund**

(b) Address **New Madrid, Mo**

19. (a) **1-20-45** (b) **Edward Jones**  
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place)

While at work (e) Means of injury **3**

23. Signature **Leo Higginth** **Coroner**  
(M.D. or other)

Address **New Madrid, Mo** Date signed **1/1-45**

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

2  
4  
0

JUN 12 1945

RECEIVED  
District Health Office No. 2  
District File Number 245-223  
Date Filed 2-15-45

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 *Leo H. Hudguth*  
Licensed Embalmer No. *3809*  
P. O. Address *New Market, Md.*

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.