S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7511

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 422 N. Jefferson 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 422 N. Jefferson 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY JANE NEFF
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe 1
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clayborne Jackson Neff
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased Nov. 25 - 1860 (Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Sandy Hook (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name David Allen Martin
13. Birthplace St. Louis County (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Oma Jane Phinn
15. Birthplace Henry County (City, town, or county) Mo (State or foreign country)
16. (a) Informant C. Ernest Neff
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem. Marshall Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) Feb 10-1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1947 hour 8 minute 20 P M.
21. I hereby certify that I attended the deceased from Jan. 2, 1947 to Feb 9, 1947
that I last saw her alive on Feb 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insuffecency	40 days
Due to Senile	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Geo. T. Nuckles (M.D. or other) D.O.
Address Marshall Mo Date signed 2/10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-22-47

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.