

FILED MAY 5 1947

Registration District No. 166

Primary Registration District No. 4254

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROY. NEIGHBORS.

(b) If veteran, name war no

(c) Social Security No. 495-20-1620

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1947 hour 11 minute 45 M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary B. Neighbors 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 23 - 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 20 1947 to April 20 1947
that I last saw him alive on April 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 2 yrs

8. AGE: Years 64 Months 4 Days 27 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions 947
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Garage man

Major findings:
Of operations _____

11. Industry or business Mechanic

Of autopsy _____

12. Name St. P. Neighbors

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14. Maiden name Mary St. Day
Mo.

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

16. (a) Informant Mrs. Roy Neighbors

(b) Address Knob Noster Mo.
Sun St / Bell Wg Mo Date thereof 4-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun St / Bell Wg Mo

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? _____

18. (a) Signature of funeral director C. L. Sauls

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

(b) Address Knob Noster Mo.

19. (a) Apr. 22-47 (b) Erma L. Beatty
(Date received local registrar) (Registrar's signature)

23. Signature R. W. Leavey (M. D. or other) _____
Address Knob Noster Mo Date signed April 21

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

MOTHER FATHER

667-211947

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..... *C. L. Sauls*.....

Licensed Embalmer No..... *1086*.....

P. O. Address..... *7 Knowlton M*.....

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.