

Registration District No. 132

Primary Registration District No. 4203

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: _____
(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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Grundy

(c) City or town Galt 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME RICHARD HENRY NEFF

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Annita Neff 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. 20 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 29 If less than one day _____
hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER } 12. Name W.H. Neff 9

13. Birthplace _____ 1

14. Maiden name Annita Walls _____

15. Birthplace _____ 7

16. (a) Informant Mrs R.H. Neff

(b) Address Galt Mo

17. (a) Burial (b) Date thereof May 21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galt old cemetery

18. (a) Signature of funeral director P. K. Bayne, Son

(b) Address Galt Mo

19. (a) 5-21-47 (b) J. E. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-1-47 to 5-19-47
that I last saw alive on 5-17-47
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease
mitral regurg.

Due to _____

Due to _____

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

Major findings: MI B
Of operations _____

Of autopsy _____

Duration

3

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 V. C. Weston (M. D. or other) M.D.

Address Galt, Mo Date signed 5-20-47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 PK Payne Jr
Licensed Embalmer No. 3400
P. O. Address Galt

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.