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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Pope
State File No. 30941
Registrar's No. 854

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
707 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
In this community 2 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas
(c) City or town Red Top
(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 _____

3. (a) PRINT FULL NAME Etta Neff
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jake Neff
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased June 14 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 14
If less than one day hr. _____ min. _____

9. Birthplace Freeport Pa.
(City, town, or county) (State or foreign country)
10. Usual occupation Home

11. Industry or business _____
12. Name Harry Isman
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sharder
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Finley Neff
(b) Address Red Top, Mo.
17. (a) Burial (b) Date thereof 10/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 10-2-47 (b) W.E. Handley wd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 28
year 1947 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from 9-4, 1947, to 9-28, 1947, that I last saw her alive on 9-27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery
Due to _____

Due to _____
Other conditions Cancer!
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Dr. Pope (M. D. or other)
Address 221/2 E. Commercial Date signed 9-30-47

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

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

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.....

Walter E. Hancock

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield, 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.