

FILED OCT 4 1947
149

Primary Registration District No. 1003

4057

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

1. PLACE OF DEATH:
(a) County Jackson mo
(b) City or town Brooklyn mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3222 Brooklyn 1
(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 5 years
years, months or days

3. (a) PRINT FULL NAME Mildred Jane Neighbor
(b) If veteran, name war NO
(c) Social Security No. NO

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced widow
6(b) Name of husband or wife Ewing E. Neighbor 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased any 20 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Houston

12. Name Houston

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

14. Maiden name Sarah Burchard

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

16. (a) Informant Mrs Fred Anderson
(b) Address 3222 Brooklyn

17. (a) Removal (b) Date thereof 9/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia mo

18. (a) Signature of funeral director Stine-McClure
(b) Address Kansas City mo

19. (a) 9-24-47 (b) Sheldine Holmes
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3222 Brooklyn 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1947 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 23 47
8 to Sept 23 47
that I last saw her alive on Sept 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction (Rupture) Duration
Due to Chronic Myocardial Hypertension & Cardiovascular renal syndrome 4 3/4
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a
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?

While at work? no (Specify type of place) (Specify means of injury)
23. Signature Ed Thompson (M. D. or other)
Address 1300 E 27th Mo Date signed 9-23-47

5000
E. 2nd
St.
Cincinnati
Ohio

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 Robt T Reed
Licensed Embalmer No. 3785-
P. O. Address 15 C 410

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.