

No. 300  
-10-47  
5-17-39  
PI 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8844

Primary Registration District No. 1002

Registrar's No. 1047

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4628 E. 7th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 3 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town 4628 E. 7th. St. 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kansas City 8  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Charles A. Neill

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Lara 6. (c) Age of husband or wife if alive 16 years  
7. Birth date of deceased March 16, 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day  
hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

12. Name William Neill  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Shilver  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Neill

(b) Address 4628 E. 7th.

17. (a) removal (b) Date thereof 3-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sibley, Missouri

18. (a) Signature of funeral director Mrs. G. B. Webb & Son

(b) Address Blue Springs, Mo.

19. (a) 3-7-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947 to March 5, 1948  
that I last saw him alive on March 5, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: mitral stenosis with decompensation  
3 mo.

Due to infirmities of senility

Due to \_\_\_\_\_

Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings: NONE  
Of operations NONE  
Of autopsy NONE

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 D

23. Signature Grover W. Burnett M.D. Date signed 3/7/48  
Address 1000 Patterson

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MOTHER FATHER

10. Usual occupation.....  
(City, town or county) (State or foreign country)
11. Industry or business..... Retired Farmer
12. Name..... Wm Mill
13. Birthplace.....  
(City, town, or county) (State or foreign country)
14. Maiden name..... Louise Shiver
15. Birthplace.....  
(City, town or county) (State or foreign country)
16. (a) Informant..... Charles R Mill  
(b) Address..... 4628 E. 7th
17. (a) Burial (b) Date thereof..... 3-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation..... Sibley Mo
18. (a) Signature of funeral director..... Mrs G B Webb, Jr  
(b) Address..... Blue Springs Mo
19. (a) 3-7-48 (b) Deraldine Holmes  
(Date received local registrar) (Registrar's signature)

- Other conditions..... none  
(Include pregnancy within 3 months of death)
- Major findings:  
Of operations..... none
- Of autopsy..... NO
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? (Specify means of injury).....
23. Signature..... George W. Griffith (M. D. or other) MD  
Address..... 4000 Bellefontaine Date signed..... Mar 6/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

*Kenneth Rayer* Registered Apprentice No. *63*

working under my personal supervision.

Signed.....

*R B Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.