S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 27 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 32147

Registrar's No. 349

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~St Louis~~

(c) City or town St. Louis, Mo
(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 Samuel Jackson Neill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Neill

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. 19, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	1	27	hr. min.

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

10. Usual occupation Printer

11. Industry or business Star-Times Paper

FATHER
12. Name Luther O. Neill
13. Birthplace (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Minnie Brooks
15. Birthplace (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Mrs Mary Neill
(b) Address St. Louis, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo.

19. (a) 10/18/48 (Date received local registrar) (b) 35 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1948 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 14, 1948, to Oct 16, 1948, that I last saw him alive on Oct 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Multiple injuries Fractured 7th cerebral vertebra with paralysis below that level — Fractured skull — Shock

~~Due to~~

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence Oct 14, 1948

(c) Where did injury occur? Brownville (City or town) Wayne (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? No (e) Means of injury Car overturned

23. Signature Gordon Ollenmeckon (M. D. or other)

Address Poplar Bluff, Mo. Date signed 10/18/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1048-1386
Date Filed 10-25-48

NOV 22 1948

OCT 27 1948

NOV 4 1948

MAR 30

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 John M. Davies, Registered Apprentice No. 249, working under my personal supervision.

Signed Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.