McNeill, Infant of Harry & Rosemary Hohnhorst 1944 - 1944

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 7518
Registrar's No.

Registration District No. 790 X Primary Registration District No. 2290

1. PLACE OF DEATH:
(a) County KENTON
(b) City or town COVINGTON (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ST. ELIZABETH HOSPITAL (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kenton
(c) City or town Covington (If outside city or town limits write RURAL)
(d) Street No. 756 Highland Ave (If rural give precinct)
(e) If foreign born, how long in U. S. A.? — years

3(a) FULL NAME Harry McNeill
3(b) If veteran, name war
3(c) Social Security No.
4. Sex M
5. Color or race W
6(a) Single, widowed, married, divorced Single
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Jan. 8 1944 (Month) (Day) (Year)
8. AGE: Years 0 Months 2 Days 14 If less than one day hrs. min.
9. Birthplace Covington Kentucky
10. Usual occupation
11. Industry or business
FATHER 12. Name Harry McNeill
13. Birthplace Covington Ky.
MOTHER 14. Maiden name Rosemary Hohnhorst
15. Birthplace Covington Ky
16(a) Informant's own signature Mrs. H. McNeill
(b) Address 756 Highland Av.
17. BURIAL, CREMATION, OR REMOVAL Place Mother of God Date March 24 44
18(a) Signature of funeral director J. N. Middendorf Sons
(b) Address 917 Main St.
19(a) MAR 24 1944 (Date received by local registrar) (b) Mrs. H. C. Ott (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH 3-22 1944
21. I hereby certify that I attended the deceased from 1-11 1944 to 3-22 1944 that I last saw h. alive on 3-22 1944 and that death occurred on the date stated above at 7:40 M.
Immediate cause of death Ery[illegible] DURATION since birth
Due to
Other conditions Gastro Enteritis (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? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (d) Means of injury
23. Signature [illegible] (M. D. or other)
Address 33 E. 7 Date signed 3-23-44

Death in plain ink, so that it may be properly classified. Exact statement ... portant.