

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

26737  
Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH **3**  
 (a) County Vermon Registration District No. 872  
 (b) Township Springwood Primary Registration District No. 61569  
 (c) City..... (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE LEE EDWARD NEALY 400  
 (a) Residence, No. 718 S. Lyon Cardage, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilma Joyce Nealy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13-1940

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>27</u>	<u>11</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Truck Driver  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 1A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Missouri

FATHER  
 13. NAME Harace Joyce Nealy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kendrick, Kentucky

MOTHER  
 15. MAIDEN NAME Luby Pearl Mueser  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Missouri

17. INFORMANT (ADDRESS) Hilma J. Nealy, Cardage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City, Mo. Aug 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Samuel Hauer, Nevada, Mo.

20. FILED Aug 11, 1938 Mrs. R. J. Earl, Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Accidentally electrocuted  
walked in to live wire  
wrecked truck crushed down high line wire  
 Date of onset

Other contributory causes of importance:  
wrecked truck crushed down high line wire

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury..... 19.....  
 Where did injury occur? Highway # 71, 2 miles South of Cardage, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Highway # 71, 2 miles South of Cardage, Mo.  
 (Signature) M. E. Jerry Crowner, M.D.  
 (Address) Nevada, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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,

*M. E. Ferry*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*M. E. Ferry*

Licensed Embalmer No.

*1432*

P. O. Address

*Nevada 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, above space should be left blank.**