

REC'D JAN 13 1938

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

41913
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100 Registered No. 4979
(c) City Kansas City (d) Street No. St. Joseph Hospital 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

407 Mrs. Grace Palmer Neal
(a) Residence, No. 4220 Forest Avenue 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell E. Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 10 83

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME C. N. Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Martha J. Hollingsworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Miss Patti Palmer
4220 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson, Mo. DATE 12-24-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary
Kansas City, Mo.

20. FILED Dec 22, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938, to Dec 22, 1938
I last saw him alive on Dec 21, 1938 Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Meningitis Date of onset 12/19/38
1070
Other contributory causes of importance: Broncho Pneumonia 12/28/38

Name of operation X Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, 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? no
If so, specify M. D.
(Signed) M. B. Willett
(Address) 925 Angell Alley

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.

I X 14028

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,

[Handwritten Signature]

....., or by

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

Signed *[Handwritten Signature]*

Licensed Embalmer No. 2939

P. O. Address 5-C-416

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.