REC'D JAN 1 ? 1939

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

43949
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway
(b) Township Polk
(c) City Maryville, Mo.
Registration District No. 625
Primary Registration District No. 3691
Registered No. 125
(d) Street No. 42 1/ West Halsey 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.
U U U

2. PRINT FULL NAME Nancy Webb Neal
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Johnson Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 - 1848

7. AGE: Years 90 Months 3 Days 25 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Green Castle Indiana

FATHER
13. NAME John Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Kentucky

MOTHER
15. MAIDEN NAME Edna Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Kentucky

17. INFORMANT (ADDRESS) George Neal Pickering Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE White Oak DATE Dec 6, 1938

19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home
(ADDRESS) 957 South Main Maryville Missouri

20. FILED 12-5-1938 Mamie E. Clardy
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938, to Dec 3, 1938
I last saw h. alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 10:20 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Asthma | |
| Myocardial degeneration | |
| A. F. C. | |

Other contributory causes of importance:

Name of operation None 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? — Date of injury —, 19..
Where did injury occur? —
(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
(Signed) H. M. Kuehn Jr., M. D.
(Address) Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, W. Dean Campbell, or by .....

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

Signed W. Dean Campbell

Licensed Embalmer No. 2620

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, above space should be left blank.**