

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24368**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2978**

1. PLACE OF DEATH: **1**

(a) County Jackson

(b) City or town Kansas City Mo.

(c) Name of hospital or institution: St. Lukes Hosp.
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community Non-Resident
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town WARRENSBURG
(If outside city or town limits, write "RURAL.")

(d) Street No. 111 Graver St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Thomas Whittmer Neal

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour _____ minute 14 A. M.

21. I hereby certify that I attended the deceased from July 10 -
_____ 19____ to July 25 1940.

that I last saw him alive on July 25 _____ 1940
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race Wh.

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

6. (b) Name of husband or wife Hulda Lee Fisker Neal

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 12 1879
(Month) (Day) (Year)

Immediate cause of death Hepatitis Duration _____

Due to pancreatitis 176

Due to Gall stones disease

Other conditions Failure Compensation
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

60 11 13 hr. _____ min.

9. Birthplace Lafayette La. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation filling station operator

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations as stated

Of autopsy yes

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Allen Neal 1

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Hittsley

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 1

23. Signature E. L. Miller (M. D. or other)

Address 1032 Professional Date signed _____

16. (a) Informant's own signature Edward A. Neal (son)

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof July 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Interview Cem. Johnson Co. Mo.

18. (a) Signature of funeral director W. J. Thibod Personal Service

(b) Address Warrensburg Mo.

19. (a) July 26, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed..... *Donald W. Lupin*

Licensed Embalmer No. *3053*

P. O. Address *Warrensburg 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.