

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4400

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days
(Specify where)
In this community _____
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6623 East 12th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ROY ALBERT NEAL
3. (b) If veteran, name war No
3. (c) Social Security No. 512-09-4389

20. DATE OF DEATH: Month Nov. day 17th
year 1940 hour 5 minute 25 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Silvia Belt Neal
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Nov. 4th 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 15th 1940, 19____, to Nov. 17th 1940, 19____; that I last saw him alive on November 17th, 1940, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 13 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death _____ Duration _____
HYPERTENSIVE HEART DISEASE WITH NEPHRITIS (Chronic)
Due to _____
Due to _____

9. Birthplace Melvorn, Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Cook

Other conditions ACUTE PERICARDITIS
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business _____
12. Name Herb Neal
13. Birthplace Melvorn, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Creeve
15. Birthplace Rosemont, Kansas
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy See above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Silvia Belt Neal
(b) Address 6623 E. 12th St., Kansas City, Mo.
17. (a) Burial (b) Date thereof 11-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Melvorn, Kansas
18. (a) Signature of funeral director McVey Funeral Home
(b) Address Ottawa, Kansas
19. (a) 11-18-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (or) Means of injury _____
23. Signature M. M. Brown (M. D. or other) _____
Address Med. Director R.C. Gen. Hospital Date signed _____

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

Signed.....

Licensed Embalmer No.

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.