

FEB 16 1941

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4571

State File No.

Registration District No. 737

Primary Registration District No. 4508

Registrar's No.

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Bloomfield, Mo.
 (If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard / 103
 (c) City or town Bloomfield, Mo. 2
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME NADINE NEAL
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 10th
 year 1941 hour 8:02 minute _____ A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 11, 1938
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 3, 1941 to Jan. 10, 1941
 that I last saw her alive on Jan. 6, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 2 Months 11 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death: Bronchial Pneumonia
 Due to: Probably influenza
 Due to _____

9. Birthplace Bloomfield, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy No

MOTHER FATHER
 12. Name Henry Neal
 13. Birthplace _____ Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lorraine Stevens
 15. Birthplace _____ Ill.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Henry Neal
 (b) Address Bloomfield, Mo.
 17. (a) Burial (b) Date thereof Jan. 11, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation North Antioach cem.
Chiles Und. Co.
 18. (a) Signature of funeral director _____
 (b) Address Bloomfield, Mo.
 19. (a) Jan. 11, 41 (b) Loone Turch
 (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?
895 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature John W. Wilson (M. D. or other) _____
 Address Bloomfield, Mo. Date signed 1/11/41

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

3
2
1

RECEIVED

District Health Officer No. 2

District File Number 341-256

Date Filed 2/12/41

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, fact should be so stated above.