

No. 2  
13-40  
17-39  
X23159

FILED FEB 18 1941

Registration District No. 837

Primary Registration District No. 6099

Registrar's No.

1. PLACE OF DEATH:

(a) County L. Stoddard, Carter

(b) City or town Bloomfield, Mo. R. F. D.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield, Mo. R. F. D.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Loraine A. Neal

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased March 17 1897  
(Month) (Day) (Year)

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

43 10 2 \_\_\_\_\_

hr. min.

9. Birthplace Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry G. Stevens

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

14. Maiden name Antionette Crawford

15. Birthplace \_\_\_\_\_ / Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Neal

(b) Address Bloomfield, Mo R. F. D.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Antioch

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Jan. 23, 1941 (b) Loonid Punch  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19,  
year 1941 hour 10.35A minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 17, 1941, to Jan. 19, 1941;  
that I last saw her alive on Jan. 19, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc. Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No.

Underline the cause to which death should be charged statistically.

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  
While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature Robert D. Stone (M. D. or other) \_\_\_\_\_  
Address Bloomfield, Mo. Date signed 1/23/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 241-246

Date Filed 2/12/41

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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 *Enclosed was not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**