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State File No. ....

Registration District No. 704

Primary Registration District No. 3008

Registrar's No. 87

FILED APR 11 1941

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos & 4 days  
(Specify whether in this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14

(a) State Missouri (b) County 1

(c) City or town Jeune 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME ITULIA NEAL

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23  
year 1941 hour 10 minute 30 P M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William F. Neal

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

7. Birth date of deceased Jan 1 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 19, 1940, to Mar 23, 1941, that I last saw her alive on Mar 23, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Subacute terminal hypostatic Bronchopneumonia

Duration 3 days

9. Birthplace and mo N  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to generalized arterio-sclerosis ?

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

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

12. Name Rudolph and

13. Birthplace DK 9  
(City, town, or county) (State or foreign country)

14. Maiden name DK 9

15. Birthplace DK 9  
(City, town, or county) (State or foreign country)

Other conditions DK  
(Include pregnancy within 3 months of death)

16. (a) Informant State Hosp #1 records

(b) Address Fulton, mo

17. (a) \_\_\_\_\_ (b) Date thereof 3-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings: Of operations none

Of autopsy none

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

(c) Place: burial or cremation St. Louis, MO.

18. (a) Signature of funeral director Clark Motter

(b) Address Box 144, Kirksville, MO

19. (a) 3/24/41 (b) R. N. Creva.  
(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) no

(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? no

1941 While at-work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John J. Blackmo (M. D. or other) DK

Address Fulton, mo Date signed 3/23/41

**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 Vernon Norton

Licensed Embalmer No. 24125

P. O. Address Quincy 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, fact should be so stated above.**