

No. 2  
4-13-40  
5-17-39  
X23139

FILED MAR 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13427**  
**1408**  
Registrar's No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Gen'l Hosp. No. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 years  
In this community 15 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **48**  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2609 E. 53rd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Fannie Neal  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month 4 day 5 year 41  
hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Fe 5. Color or race Col  
6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Warren Neal  
6. (c) Age of husband or wife if alive No. 11  
7. Birth date of deceased (Month) 8 (Day) 8 (Year) 1883

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 57 Months 4 Days 27 hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Acute glomerular nephritis  
Chronic nephritis  
Other conditions (Include pregnancy within 3 months of death) 131

9. Birthplace Paris Ky.  
(City, town, or county) (State or foreign country)  
10. Usual occupation House work  
11. Industry or business \_\_\_\_\_

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

MOTHER FATHER {  
12. Name unk.  
13. Birthplace unk. 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unk.  
15. Birthplace unk. 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant Ella Neal Russell  
(b) Address 2609 E. 53rd  
17. (a) Burial (b) Date thereof 4 10 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Windsor Cem  
18. (a) Signature of funeral director Wickens Bros.  
(b) Address 2000 E. 12th  
19. (a) Apr 9 1941 (b) M. M. Crowe  
(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) \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Wickens Bros. (M. D. or other) \_\_\_\_\_  
Address K.C. Mo Date signed \_\_\_\_\_

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

18  
3  
8

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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

*B. L. Graham*

Licensed Embalmer No. *2540*

P. O. Address *2523 Woodland*

**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.**