

FILED JUN 16 1941
735

Registration District No. 735

Primary Registration District No. 303+

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Mercury
(c) Name of hospital or institution:
404 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Mercury
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 3:00 a.m. M.

21. I hereby certify that I attended the deceased from
May 11 to May 13, 1941
that I last saw him alive on May 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial pneumonia
following flu,

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)
Pul. TB, 12/2

Major findings:
Of operations _____
Of autopsy _____

Duration
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) 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?

925
While at work? _____ (Specify type of place)
(a) Cause of injury _____

23. Signature R E Hubel (M. D. or other) MD
Address Mercury, Mo Date signed 5/15/41

3. (a) PRINT FULL NAME John Henry Neal

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race wn 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 24 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Dout Brewer

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

14. Maiden name Sally Ann Jennings

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

16. (a) Informant Henry Clarence Neal

(b) Address Mercury Mo

17. (a) Burial (b) Date thereof May 16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway

18. (a) Signature of funeral director H. H. Hopper

(b) Address Mercury Mo

19. (a) May 17-41 (b) Paul H. Nelson
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1073

Date Filed JUN 12 1941

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.