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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32030

State File No. _____

Registration District No. 565

Primary Registration District No. 5761a

Registrar's No. 67

66
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH—
 (a) County Miller
 (b) City or town Rural Glasgow Mo.
 (c) Name of hospital or institution no
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no 1
 In this community 9 yrs 6 mos, 2 days
 years, months or days)

3. (a) PRINT FULL NAME JOHN BRANS NEAL
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex M O 5. Color or race W
 6. (a) Single, widowed, married, divorced S O
 6. (b) Name of husband or wife no
 6. (c) Age of husband or wife if alive no years
 7. Birth date of deceased march 1 1932
 (Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days 2
 If less than one day hr. min.

9. Birthplace ulman Mo. O
 (City, town, or county) (State or foreign country)

10. Usual occupation school boy

11. Industry or business none

12. Name Clyde O. Neal
 13. Birthplace Tusculuma Mo O
 (City, town, or county) (State or foreign country)

14. Maiden name Hazel Johnson
 15. Birthplace Brumley Mo O
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Neal
 (b) Address Brumley, Mo.

17. (a) Burial Date thereof Oct. 3 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Walter P. Hedger
 (b) Address Hercul, Missouri

19. (a) Oct. 4, 1941 (b) C. Hawkins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miller 066
 (c) City or town Rural Brumley 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. none (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 3rd
 year 1941 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from
 Sept 26 1941 to Oct 3 1941
 that I last saw him alive on Oct 3 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 4 days
 Due to Diphtheria 11 days

Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: none 10
 Of operations _____
 Of autopsy none
 PHYSICIAN _____
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Messon D. Jones (M. D. or other) M.D.
 Address Brumley, Mo Date signed 10-3-41

RECEIVED
Miller County Health Dep't
County File Number 41-104
Date Filed 10/24/41

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

Walter P. Hedger

, Registered Apprentice No. 263

working under my personal supervision.

Signed

Keith M. Hays

Licensed Embalmer No. 3998

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.