

Registration District No. **878**

Primary Registration District No. **6162**

1. PLACE OF DEATH:

(a) County: Vernon
(b) City or town: Washington Town Ship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 39 Nevada, mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs 7 mos 4 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME: EDWARD NEAL

3. (b) If veteran, name war: Not known 3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs Hattie Neal 6. (c) Age of husband or wife if alive: unk. years
7. Birth date of deceased: April 26th 1875
(Month) (Day) (Year)

8. AGE: Years: 66 Months: 4 Days: 19 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER { 12. Name: E. F. Neal
13. Birthplace: Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant: State Hospital Records
(b) Address: Nevada, mo
17. (a) Burial (b) Date thereof: Sept 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Balivier, mo

18. (a) Signature of funeral director: Erwin Blue
(b) Address: Balivier mo.
19. (a) 9-15-41 (b) Allen D. Hoop
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: mo (b) County: Polk 108
(c) City or town: Balivier 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 15th
year: 1941 hour: 5 minute: 15 P. M.

21. I hereby certify that I attended the deceased from Aug 24th, 1941, to Sept 15th, 1941
that I last saw him alive on Sept 15th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerotic Heart Disease Duration: _____

Due to: 91
Due to: _____

Other conditions: Gen Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: No
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: G.S. Warick (M. D. or other) 1
Address: State Hospital Nevada, mo Date signed: 9/15/41

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

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1749

Date Filed 10-9-41

STATEMENT BY LICENSED EMBALMER

not Embalmed

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.