

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13730
3561
Registrar's No. _____

FILED NOV 13 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3238 Wayne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 33 Yrs. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3240 Wayne Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary M. Neal
3. (b) If veteran, name war No. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. 30 day
year 1941 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept 29,
1941 to Sept 30, 1941,
that I last saw her alive on Sept 29, 1941,
and that death occurred on the date and hour stated above.

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo. A. Neal 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Jan. 9th. 1878
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 13 hours
Due to arterial Hypertension Un-
known
Due to _____

8. AGE: Years Months Days If less than one day
63 8 21 hr. min.

9. Birthplace Dubois Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name John Schumbach

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Roundtree

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Anna L. Hoagland

(b) Address 3240 Wayne Ave.

17. (a) Ship (b) Date thereof Oct. 1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo.

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 10/1/41 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) 430
Major findings: Of operations none 1
Of autopsy none 430
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 Kenneth A. Adams (M. D. or other) M.D.
Address 3301 Woodland Date signed Sept 30
1941

361 (Licensed Embalmer's Statement on Reverse Side) Kansas City Mo 1941

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

358

DEC 23 1957

DEC 30 1957

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..... *Chas. W. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Inwood*

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.