

FILED NOV 6 3 1941

Registration District No. 3521

Primary Registration District No. 4209

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
in Montrose
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years! (Specify whether years, months or days)

3. (a) PRINT FULL NAME Aimantha Neal

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov 29 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm S Brown

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

14. Maiden name Mary Brown

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

16. (a) Informant Ellie Edington

(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 9 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Butler Mo

19. (a) 9-24-41 (b) W. E. Baggerly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁰⁴²
(c) City or town Montrose ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. in Montrose (If rural, give location)
(e) If foreign born, how long in U.S.A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 30 1939 to Sept 20 1941
that I last saw her alive on Sept 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis

Due to arterio sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93A

Major findings: _____

Of operations _____

Of autopsy _____

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 1

23. Signature W. E. Baggerly (M. D. or other) MD

Address Montrose Mo Date signed 9-24-41

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

MOTHER FATHER

a-6

pas.

sdc

RECEIVED

Director of Health Officer No. 7,

License Number 11-41-1783

Date Filed 11-4-41

No.
14

no total pc
a. r. total

oe, p. 1/2
re

at the time of
death the body was

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

Fred Wickham

License Embalmer No. 2177

P. O. Address Osceola

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.