

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED DEC 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37657

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 321

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Lawrence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 weeks
In this community: 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Amanda M. 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: m
6. (b) Name of husband or wife: Bright Neal 6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: Dec 31 1861 (Month) (Day) (Year)

8. AGE: Years: 79 Months: 10 Days: 15 If less than one day: hr. min.

9. Birthplace: Washington Co., Ia. (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business:

12. Name: Samuel R. Carnahan

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

14. Maiden name: Eschel Ramsey

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

16. (a) Informant: Bright Neal

(b) Address: 2 Dunnig Mo.

17. (a) Funeral (b) Date thereof: Nov 17 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Funeral

18. (a) Signature of funeral director: Logg mone

(b) Address: Lawrence Mo.

19. (a) Nov 17 1941 (b) Spencer L. Freeman (Date received local registrar) (Attending physician's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Schuyler
(c) City or town: Rural Downing
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 15
year: 1941 hour: 11 minute: 45 P.M.

21. I hereby certify that I attended the deceased from Oct 17 to Nov 15, 1941;
that I last saw her alive on Nov 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Duration: 2 days

Due to: Chronic myocarditis

Due to: Debility of old age

Other conditions: Fracture right femur
(Include pregnancy within 3 months of death)

Major findings: 186 a
Of operations: 186 b

Of autopsy:

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): Accident

(b) Date of occurrence: Sept. 28, 1941

(c) Where did injury occur? 098 Schuyler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home on farm
(Specify type of place) (e) Means of injury: fall

While at work? Yes

23. Signature: M.T. Hattenbach (M.D. or other) D.O.

Address: Parisville, Mo. Date signed: Nov 15 1941

RECEIVED

District Health Officer No. 10

District File Number 12-41-2092

Date Filed DEC 3 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Douglas mo

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.