

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 496

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42403

Primary Registration District No. 3025

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
 (c) City or town Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. Cor Elliott, Brookfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (c) PRINT FULL NAME

John H. Neal

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, (married) divorced _____

6. (b) Name of husband or wife Callie Neal

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 28 1870

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

71

9

14

hr.

min.

9. Birthplace

Shelby Co Mo

(City, town, or county) (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name John Neal

13. Birthplace Donn Brown

(City, town, or county)

(State or foreign country)

14. Maiden name Elizabeth Neal

15. Birthplace Donn Brown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature J. W. Glasgow

(b) Address Brookfield Mo

17. (a) Burial

(b) Date thereof Dec 15 41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Prairie Cemetery

18. (a) Signature of funeral director Hunter, Rollins

(b) Address Brookfield

19. (a) 12-13-1941

(b)

W. W. Conner

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1941 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov 16, 1941, to Dec 12, 1941, that I last saw him alive on Dec 12, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Embolus

Duration

Due to Endocarditis

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

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) no
 (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 H. N. Patten (M. D. or other) DO
 Address Brookfield Mo Date signed 12-13-41

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

Signed.....

L. W. Collins

Licensed Embalmer No. *1164*

P. O. Address *Brookfield, 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, above space should be left blank.