

FILED APR 7 1942

Registration District No. 765

Primary Registration District No. 5230

Registrar's No. 13

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Rural-Jefferson Township
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXX
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

3. (a) PRINT-FULL NAME Joshep H. Neal

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Laura M. Neal 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased A pril 1, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 16 XX hr. XX min.

9. Birthplace XXXXXXXXXX Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XX

MOTHER FATHER { 12. Name Jessie D. Neal
13. Birthplace Tenn.??
(City, town, or county) (State or foreign country)
14. Maiden name Mary L. Northorn
15. Birthplace Tenn.??
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Carver
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 3-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.

19. (a) 4-1-42 (b) Mrs. Myrtle Bright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 42 hour minute M.

21. I hereby certify that I attended the deceased from 10 to 2-8-1942
that I last saw him alive on 2-8-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Dec
Duration Days

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
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)
(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 D

23. Signature Wm. B. Richter (M.D. or other) D
Address Stockton Date signed 4-1-42

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

20
200

RECEIVED

District Health Officer No. 7,

District File Number 4-42-276

Date Filed 4-3-42,

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.