

No. 2
4-12-40
139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11225

State File No.

FILED APR 9 1942 502

Registration District No.

Primary Registration District No. 4304

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linn
(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 Missouri (b) County Linn 058
0
0

(c) City or town Linn
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY NEAL

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 28 1850
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1942 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11/27/41
_____ 19____, to 3/7 1942;
that I last saw her alive on March 7 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>11</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Immediate cause of death Cardiac insufficiency

Due to arterio-sclerosis

Due to senility

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name James A. Neal

13. Birthplace Scott County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Russell

15. Birthplace Merion County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant M. H. Laddin

(b) Address Madville, Mo.

17. (a) Burial (b) Date thereof 3-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olympic Cemetery

18. (a) Signature of funeral director Thorne Undertaking Co.

(b) Address Linn, Missouri

19. (a) 3-16-1942 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 92a

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature D. D. Willis (M. D. or other) D.D.U.

Address Linn, Mo. Date signed 3/9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1057

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: *Anna Taylor*

Licensed Embalmer No. *3761*

P. O. Address *Lincoln Mission*

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.

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Registrar's No. _____

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(a) County Linn
(b) City or town Linn
(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary 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 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 25 (Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Thomas Funeral Directors

(b) Address Linn, Missouri

19. (a) Mar 21-42 (b) Maud T. Hoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, that I have a law health care on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

11225