

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18579

State File No. _____

FILED JUN 25 1942
Registration District No. 3806

Primary Registration District No. 4367 5800

Registrar's No. 10

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Point Pleasant, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home, sleep
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jim William Neal

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race w

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

6. (b) Name of husband or wife Pearl Madawson Neal

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 2 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Bowling Green, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name William Neal

13. Birthplace 9 (don't know)
(City, town, or county) (State or foreign country)

14. Maiden name Jessima Sims
(City, town, or county) (State or foreign country)

15. Birthplace 9 (don't know)
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Berry French

(b) Address Cape Girardeau, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3-29-42
(Month) (Day) (Year)

(c) Place: burial or cremation Burial - Postageville

18. (a) Signature of funeral director Hanna J. Home

(b) Address Blufftonville, Ark

19. (a) June 6 1942 (b) Edith Largent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Rural
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 27 1942 to March 28 1942
and that death occurred on the date and hour stated above.

that I last saw him alive on March 27 1942

Immediate cause of death Chronic myocardial insufficiency

Due to Chronic Nephritis

Duration

7

2

PHYSICIAN

Underline the cause to which death should be charged statistically.

Due to _____

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

Major findings:

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature John J. Kellion (M. D. or other) _____

Address Postageville Mo Date signed 3-28-42

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

7200

1187

RECEIVED

District Health Office No. 2,

District File Number 642-747

Date Filed JUN 18 1947

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.....

Was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.