

S. No. 2
DM-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23533
Registrar's No. 2781

FILED AUG 1 1942 99
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 5 days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 807 East 13th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Emma Neal
(b) If veteran, name war XX
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19th
year 1942 hour 5 minute 10 A.M. M.
21. I hereby certify that I attended the deceased from
6-14-42 19... to 7-19-42 19...;
that I last saw her alive on 7-19-42 19...;
and that death occurred on the date and hour stated above.

4. Sex Fe / 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Lewis R. Neal
(c) Age of husband or wife if alive XX years
7. Birth date of deceased March 4 1859
(Month) (Day) (Year)

Immediate cause of death
Diabetes mellitus
Due to 61
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy None

8. AGE: Years 83 Months 43 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace Barlow Ky /
(City, town, or county) (State or foreign country)

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? _____

10. Usual occupation At Home
11. Industry or business _____
12. Name James Baker
13. Birthplace Ky /
(City, town, or county) (State or foreign country)
14. Maiden name Anna McCoy
15. Birthplace Okla. /
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Neal
(b) Address 720 East 13th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42
(Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.
18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.
19. (a) July 21, 1942 (Date received local registrar) (b) M. N. Crow (Registrar's signature)

23. Signature James R. Johnson (M. D. or other)
Address K.C. General Hospital Date signed _____
While at work? _____ (Specify type of place) Means of injury _____

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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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.