

ED MAY 13 1943

Registration District No. 55

Primary Registration District No. 3127

Registrar's No. 39

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

49
6
2

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution:
713 West 12th Street
(d) Length of stay: In hospital or institution 1 year
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 713 West 12th Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Walter Leroy Neal

3. (b) If veteran, name war no data
3. (c) Social Security No. 486-09-5679

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

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

7. Birth date of deceased September 25 1886

8. AGE:	Years	Months	Days	If less than one day
	56	6	20	hr. min.

9. Birthplace Neosho, Missouri

10. Usual occupation Stationary Fireman

11. Industry or business

MOTHER FATHER {
 12. Name William Neal
 13. Birthplace no data
 14. Maiden name no data
 15. Birthplace no data

16. (a) Informant Widow: Cora Neal

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 4/17/43

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hodge Nelson

(b) Address Webb City, Missouri

19. (a) Apr. 17, 1943 (b) Mrs. Lillie Lagle

20. DATE OF DEATH: Month April day 15th
year 1943 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to April 15 1943
that I last saw him alive on April 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature (Specify type of place) (e) Means of injury
Address Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

13 P 1

1180

43-4-372

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.....

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.