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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18302

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 189

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McLarney O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 4 days (Specify whether years, months or days)
In this community 51 years

2. USUAL RESIDENCE OF DECEASED: 58 1 2

(a) State Missouri (b) County Linn
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 119 Brunswick (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME MARY ELIZABETH NEAL

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John Neal
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC (Month) 4 (Day) 1869 (Year)

8. AGE: Years 73 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Linn County (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Mathew Gardner
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Baily
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Darnell Porter
(b) Address Brookfield - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 9 (Day) 1943 (Year)
(c) Place: burial or cremation Rose Hill Cemetery
18. (a) Signature of funeral director Hill Chapel
(b) Address Brookfield
19. (a) 5-8-1943 (Date received local registrar) (b) H. H. Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 43 hour 12 minute 30 a M.

21. I hereby certify that I attended the deceased from April 30, 1943, to May 7th, 1943 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Peritonitis	3 days
Due to: Ovarian abscess	months
Lacerated Bowells	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 122a	

Major findings: Of operations Lacerated Bowells + ovarian abscess
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr H H Porter (M. D. or other) D.O.
Address Brookfield Mo Date signed 5-8-43

456 (Licensed Embalmer's Statement on Reverse Side)

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 J. K. Blacklock

Licensed Embalmer No. 2346

P. O. Address Brookfield 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.