

S. No. 2  
DOM-2-43  
5-17-38  
X35697

23995

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**1943**  
AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3293

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 Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days  
(Specify whether years, months or days)

In this community 17 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4221 East 87th Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Bertram Matthew Neil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th  
year 1943 hour 9 minute 02 P. M.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-22-7261

21. I hereby certify that I attended the deceased from July 9, 1943 to July 24, 1943  
that I last saw him alive on July 24, 1943  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Carrie Marie Neil

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 5 1885  
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis Duration 18 days

8. AGE: Years Months Days If less than one day

57	9	19	hr. min.
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Due to Coronary Sclerosis

Due to Arteriosclerosis

Due to Arterial Hypertension - Secondary

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

Other conditions 940  
(Include pregnancy within 3 months of death)

10. Usual occupation Operator

Major findings: Of operations \_\_\_\_\_

11. Industry or business Bert Neil Insurance Agency

Of autopsy Autopsy Refused

12. Name Ira Neil

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Galisher

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Marie Neil

(b) Address 4221 E 87th St

17. (a) Burial (b) Date thereof July 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-28-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

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 Herb Ferris (M. D. or other) \_\_\_\_\_

Address 934 Argyle Bldg. Date July 27, 1943

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

934  
12-5  
Wynne Reed

**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 Ernie M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address Temo

**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.**