

FILED NOV 1 1943 149
Registration District No. _____

Primary Registration District No. 1002

4251

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 33 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. 2731 Vine St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HURLEY ~~BARBARA~~ MCNEILL

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

4. Sex MALE 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl McNeill 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 1, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 3 hr. _____ min.

9. Birthplace Huntington, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____
MOTHER FATHER { 12. Name Alfred McNeill
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Emma (?)
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) removal (b) Date thereof 10/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kingfisher, Okla.

18. (a) Signature of funeral director Hatkins Bros.
(b) Address 1729 Lydia

19. (a) 10-6-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1943 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from 9-27-43
19____ to 10-4-43 19____
that I last saw him alive on 10-4-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Duration _____

Due to Cerebro-Vascular Accident

Due to 83a

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

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 D. C. Brown (M. D. or other) M.D.
Address General Hospital No. 2 Date 10-5-43

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

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 Jerome Maulone

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.