. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41100

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5182

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KC MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2417 Montgall / HOME (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Yrs (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MISSOURI (b) County JACKSON 3

(c) City or town K C MO (If outside city or town limits, write "RURAL") 8

(d) Street No. 2417 MONTGALL (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JENNIE NEAL

3. (b) If veteran name war NO

3. (c) Social Security No. NONE

4. Sex FE

5. Color or race 3 NEGRO

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased 2 (Month) 20 (Day) 1872 (Year)

8. AGE: Years 71 Months 9 Days 15 If less than one day hr. min.

9. Birthplace WYANDOTTE Co, KANS (City, town, or county) (State or foreign country)

10. Usual occupation UNEMPLOYED

11. Industry or business

FATHER
12. Name NAPOLEON RAILEY
13. Birthplace MO 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLYN CAMERON
15. Birthplace MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MAUDE GAMBEL

(b) Address 2445 MONTGALL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 10-43 (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND

18. (a) Signature of funeral director Flynn & Greenstreet

(b) Address 1819 E. 15 K C Mo.

19. (a) 12-8-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1943 hour 12 M minute M.

21. I hereby certify that I attended the deceased from Dec 3, 1943, to Dec 5, 1943 that I last saw h alive on Dec 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Due to ~~Fall Mission~~ Accidental Fall

Due to

Other conditions (Include pregnancy within 3 months of death) 1860

Major findings: Of operations 10

Of autopsy

Duration

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) Accident 123

(b) Date of occurrence Dec 3 1943

(c) Where did injury occur? KC Jackson MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury acc. Fall

23. Signature M. G. Brookins (M. D. or other)

Address 2128 E 24 K.C. K.Mo Date signed

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(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.....

..... N.....; Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15th KC

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.