

FILED MAY 5 1944 2

Primary Registration District No. 3055

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all his life years, months or days)

3. (a) PRINT FULL NAME ZAN ADONNIS NEAL

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 28, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 5 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas F. Neal
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Mary F. Hammons
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Julias Hite
(b) Address Bolivar, Mo

17. (a) Burial (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Butcheron & Co.
(b) Address Bolivar, Missouri

19. (a) Apr. 7, 1944 (b) Alice Salem
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1944 hour 12 minute _____ a. M.

21. I hereby certify that I attended the deceased from April 1
1944 to April 1, 1944
that I last saw him alive on April 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 hr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Daryl McCrean (or other)
Address Bolivar Date signed 4-7-1944

RECEIVED

District Health Officer No. 7
District File Number 4-44-587
Date Filed 5-4-44

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.....

A. B. Hutchison

Licensed Embalmer No. 1331

P. O. Address.....

Bolivar

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *May*

Registration District No. *282*

Primary Registration District No. *3055*

Registrar's No. *108*

1. PLACE OF DEATH:

(a) County *Polk*
(b) City or town *Bellevue Town*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME *Zamadoris Neal*

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. (Year)

7. Birth date of deceased. *March 28*
(Month) (Day) (Year)

8. AGE: Years *65* Months *0* Days *0* (If less than one day, in min.)

9. Birthplace *Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant.

(b) Address

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month *April* year *1947* hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

16532