V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21776

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 243-A

1. PLACE OF DEATH: Jasper
(a) County St. John's Hosp.
(b) City or town Joplin, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County Ottowa
(c) City or town North Miami 999
(If outside city or town limits, write "RURAL")
(d) Street No. 340
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Clyde Neal
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex 2 Male
5. Color or race C.
6. (a) Single, widowed, married, divorced 0 infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 9, 1943. (Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 1 If less than one day hr. min.
9. Birthplace N. Miami (City, town, or county) Okla (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Roy Neal
13. Birthplace (City, town, or county) Texas (State or foreign country)
MOTHER 14. Maiden name Mamie Stagsdill
15. Birthplace Grove (City, town, or county) Okla (State or foreign country)
16. (a) Informant Mamie Neal
(b) Address North Miami, Okla.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 10 44 (Month) (Day) (Year)
(c) Place: burial or cremation G. R. Miami Okla
18. (a) Signature of funeral director John Hadwick
(b) Address Joplin, Okla.
19. (a) 6-17-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1944 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from 11-30-43, 19, to 5-10-44, 19; that I last saw him alive on 5-10-44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Septicaemia	5 days
Due to	
Due to Chronic asthmatic Bronchitis	6 months
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 24a	
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 0
23. Signature Walter Howard (M. D. or other)
Address Joplin Mo Date signed 5/11/44

(Licensed Embalmer's Statement on Reverse Side)

44-6-486

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.....

Licensed Embalmer No. 820

P. O. Address Durham Okla

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.