. S. No. 2
0M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23825

State File No. 3137

FILED AUG 14 1944

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. ____

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 40 Years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1507 E. 8 St. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert R. Neal

3. (b) If veteran, name war No

3. (c) Social Security No. 488-22-2983

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Daisie Neal

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 6 (Month) 28 (Day) -1861 (Year)

8. AGE: Years 73 | Months 1 | Days 2. | If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Robert Neal
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Mary M. Heise
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs. Daisie Neal

(b) Address 702 Minford Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo

19. (a) 7-31-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 27, 1944 to July 30, 1944 that I last saw him alive on July 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia due to	Duration
hypertrophy of prostate	
Due to	
Due to 137a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy See above

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 A. E. Upsher (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 7-31-44

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address. KC Mo

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.