

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

FILED JUL 21 1944
Registration District No. 113

Primary Registration District No. 430

Registrar's No.

1. PLACE OF DEATH

(a) County Franklin
(b) City or town St. Clair - Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Turp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Richwoods Mo Rural
(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 0

3. (a) PRINT FULL NAME

Rachel Nellie Neal

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 19 1928
(Month) (Day) (Year)

8. AGE: Years 15 Months 11 Days 29
If less than one day hr. min.

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

10. Usual occupation School girl

11. Industry or business

12. Name Tom Neal
13. Birthplace Richwoods, Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Brunk
15. Birthplace Richwoods, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Neal
(b) Address Richwood Mo.
17. (a) Burial (b) Date thereof June 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ James Cemetery
18. (a) Signature of funeral director Shirley Mitchell
(b) Address St. Clair Mo.
19. (a) 6/19/1944 P. J. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1944 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning in Meramec River
Due to 1 mile East of Highway Bridge on #10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 036
(b) Date of occurrence June 18 1944
(c) Where did injury occur? St. Clair Franklin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In River
While at work? _____ (Specify type of place)
(e) Means of injury Drowning
23. Signature Gerald P. Altman
Address Gerald Mo. Date signed 6-19-44

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

36 000

1120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7020-44.....

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..... *Sherwood Kitchell*.....

Licensed Embalmer No. *3823*.....

P. O. Address..... *St. Clair, 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.