V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5266

Registrar's No. 602

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: 1723 Woodland avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 1723 Woodland Ave. 3
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIS NEAL Jr.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race 2 col.

6. (a) Single, widowed, married, divorced 2 - 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov. (Month) 13th (Day) 1944 (Year)

8. AGE: Years | Months 2 | Days ~~22~~ 21 | If less than one day hr. ..... min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation infant

11. Industry or business .....

FATHER
12. Name Willis A. Neal
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Geneva Davis
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Geneva Neal
(b) Address 1723 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E. 18th St.

19. (a) 2-6-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1945 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Feb. 4, 1945, to Feb. 4, 1945 that I last saw him alive on Feb. 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to .....

Due to .....

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy no

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) .....

(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 Lia Booker (M. D. or other)

Address 2028 Vine St. Date signed 2/5/45

(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 H B Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E. 18 st

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.