

S. No. 2
OM-5-43
v. 5-17-39
I X35671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3511**

FILED **ES 15 1946**

Registration District No. **231**

Primary Registration District No. **5858**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Graham - rural Hughes town.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 miles S.E. of Graham
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway **74**

(c) City or town Graham - rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles S.E. **0**
(If rural, give location)

(e) Citizen of foreign country? no **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Franklin Neal

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lorena Cynthia Neal

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

7. Birth date of deceased May 26, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>7</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Green County Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business unknown.

MOTHER FATHER { 12. Name unknown.

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

14. Maiden name _____

15. Birthplace roy Neal **13**
(City, town, or county) (State or foreign country)

16. (a) Informant Graham, Mo.

(b) Address burial

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 1-24-46
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Grace Funeral Home

(b) Address Manlyville Mo

19. (a) Date received (on Registrar) Jan 23, 1946 (b) (Mrs. Neysa Brown) (Register of a signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1946 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 8 1946 to Jan 22 1946
that I last saw h. - alive on Jan 20 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Central thrombosis with right sided JVD

Due to Heart at 8 decessis

Due to _____

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

Major findings: Of operations none

Of autopsy _____

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)

(a) Means of injury _____

23. Signature A. M. Hallis (M. D. or other) **Mo.**

Address Manlyville - Mo Date signed 1-24-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

231

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1948

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.....

W. L. Lee

Licensed Embalmer No. *3539*

P. O. Address *Mayville 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.