S No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6320

Registration District No. 176 Primary Registration District No. 5656 Registrar's No. 25 3

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway 66 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: 999

(c) City or town: Baxter Springs (If outside city or town limits, write "RURAL") 14

(d) Street No. ____ (If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME: Andrew Jackson Neal

3. (b) If veteran, name war: Not Known

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: May (Month) 12 (Day) 1872 (Year)

8. AGE: Years 73 Months 8 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: ? (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business ____

FATHER

12. Name: Wm Naal

13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Not Known

15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Chas Snider

(b) Address: Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Aurora Mo.

18. (a) Signature of funeral director: G. F. King

(b) Address: Aurora Mo.

19. (a) 1-25-46 (Date received local registrar) (b) H. S. Burney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1946 hour About 7 minute A M.

21. I hereby certify that I attended the deceased from after death, 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: probable Heart attack — Duration

Due to ____

Due to ____

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

Major findings: Of operations ✓ 4

Of autopsy: none 950

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 ____

23. Signature: Herman Durridge (M. D. or other) coroner

Address: Aurora Mo Date signed 1/24/46

1.5 4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-107
Date Filed FEB 25 1946

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 Herman L. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.