

FILED MAY 14 1946

Registration District No. **374**

Primary Registration District No. **0296**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Rural - Union Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **life** years, months or days)

3. (a) PRINT FULL NAME

John Russell Neal

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Grace Pinkerton Neal**

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

7. Birth date of deceased **August 21, 1887**
(Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **14**

If less than one day _____ hr. _____ min.

9. Birthplace: **Worth Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **farming**

12. Name **Henry Neal**

13. Birthplace **Worth Co., Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Lee Chitwood**

15. Birthplace **Cairo, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Victor Neal**

(b) Address **Lamoni, Iowa**

17. (a) **Burial** (b) Date thereof **3-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kirk Cemetery**

18. (a) Signature of funeral director **John C. Duffell**

(b) Address **Grant City, Mo.**

19. (a) **April 19-46** (b) **John E. Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Worth**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **5**
year **1946** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Jan 2** to **3-2-46**
that I last saw him alive on **3-2-46** and that death occurred on the date and hour stated above.
Immediate cause of death **Myocardial infarction of heart**
Duration **5 hrs**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **no**

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) (e) Means of injury **✓**

23. Signature **John E. Dawson** (M.D. or other) _____
Address **Grant City, Mo.** Date signed **3-5-46**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Arch C. Dumble

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City, 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.