S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20421

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2931

**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: Children's Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 6 days (Specify whether In this community 6 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Hickman Mills (If outside city or town limits, write "RURAL") 0

(d) Street No. R-R #2 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Eugene Kelly Neill

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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 May (Month) 16 (Day) 1946 (Year)

8. AGE: Years | Months 1 | Days 14 | If less than one day hr. min.

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

10. Usual occupation — single

11. Industry or business —

FATHER
12. Name Alvin Ernest Neill
13. Birthplace Eden Prarie (City, town, or county) Minnesota (State or foreign country)

MOTHER
14. Maiden name Beatrice Elizabeth Michael
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Mary Pitts

(b) Address 1016 Cedar, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 2 (Day) 1946 (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director E. Clark Hegert

(b) Address Raytown Mo

19. (a) 7-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 30 year 1946 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 24, 1946, to June 30, 1946 that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Interstitial Pneumonia | 3 days |
| Due to Follicular Dermatitis severe over entire body | 16 days |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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Major findings:
Of operations
Of autopsy Interstitial Pneumonia Hyperemia of Liver & Spleen

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 [signature] (M. D. ~~or other~~)

Address K.C. Mo. Date signed

(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. C. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address. Raytown 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.**