S. No. 2
M—2-43
5-17-39
J X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23732

FILED JUL 31 1946

Registration District No. 19 Primary Registration District No. 1002 Registrar's No. 3026

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: KCTB HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 YRS - 1 MO - 12 days (Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4X

(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")

(d) Street No. 513 LOCUST 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NEAL, DEWEY

3. (b) If veteran, name war NO

3. (c) Social Security No. 506-05-6518

4. Sex M 1

5. Color or race W

6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased MARCH (Month) 31 (Day) 1898 (Year)

8. AGE: Years 48 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace LAFETTE (City, town, or county) INDIANA 1 (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name NEAL, Robert 9
13. Birthplace ? (City, town, or county) unknown ? (State or foreign country) 1

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) ? (State or foreign country) 4

16. (a) Informant KCTB HOSPITAL 1

(b) Address LEE'S, MISSOURI

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit

18. (a) Signature of funeral director Paul Johnson

(b) Address City Mortician

19. (a) 7-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1946 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from 5-27 1946 to 7-9 1946 that I last saw him alive on 7-9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Hemorrhage	5 min.
Due to Pulmonary Tuberculosis	12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 13 B

Of autopsy

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 D. L. Coffman (M. D. or other) M.D.

Address Kansas City, Mo Date signed 7-9-46

(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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address K C 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.