

FILED JUL 29 1946
84
Registration District No. _____

STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 40299 4299 Registrar's No. 76

1. PLACE OF DEATH:

(a) County LINN
(b) City or town BUEKLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LINN
(c) City or town BUEKLIN
(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 _____

3. (a) PRINT FULL NAME

HANNAH NEAL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F.M. 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr 25, 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Lexington, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER
12. Name James H. Pettit
13. Birthplace Clinton Co. Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann
15. Birthplace Washington (City, town, or county) (State or foreign country)

16. (a) Informant Nora Bailey (b) Address Bueklin, Mo.

17. (a) Burial (b) Date thereof July 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant View Cem

18. (a) Signature of funeral director, James Funeral Home
(b) Address Bueklin, Mo.

19. (a) July 8, 1946 (b) Evangel Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____
2 Died Unattended _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____
Due to Senile

Due to Broken left hip joint 9 weeks

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

Major findings: Of operations _____ Of autopsy _____
1867
115
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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? _____

While at work _____ (Specify type of place) (e) Means of injury Fall

23. Signature Local Registrar Address Brookfield Mo Date signed 7/8/1946

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

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..... *E. A. Larson*

Licensed Embalmer No. *4037*

P. O. Address..... *Bucklin, 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.