

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34425

State File No. _____

FILED NOV 12 1946

Registration District No. 280

Primary Registration District No. 6967

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural Weston Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Weston
(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 Elmer Lewis Neal

3. (b) If veteran, name, war World War #2 3. (c) Social Security No. 494-14-2154

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased July 10 1920
(Month) (Day) (Year)

8. AGE: Years 25 Months 3 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER { 12. Name Herbert Stanley Neal

13. Birthplace Mt. Oliver Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Susie Edith Overstreet

15. Birthplace New Franklin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. M. Sharp

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Oct. 27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Mo.

19. (a) Oct 31-46 (b) Mrs. Bphia Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1946 hour 5 minute 00p M.

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

Immediate cause of death Fracture of the Skull

Due to Car Accident

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 25, 1946

(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 Tom H. Hullett (M. D. or other) _____

Address Platte City Mo Date signed 10-25-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

257 (Licensed Embalmer's Statement on Reverse Side) non collision

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

33243

JAN 22 1947

NOV 26 1946

NOV 19 1946

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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.