

FILED NOV 19 1946

Registration District No. 243

Primary Registration District No. 5833

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural Newtonia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1946 hour 10 minute 25 A.M.
21. I hereby certify that I attended the deceased from Sept. 1, 1945
to Oct 29, 1946.
that I last saw him alive on Oct. 19, 1946
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

Aortic regurgitation of the heart

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature J. L. Edmondson (M. D. or other)

Address Stella, Mo. Date signed Nov. 1, 1946

3. (a) PRINT FULL NAME

William Franklin Neal

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lena Gertrude Neal 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased May 15 1892
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Joseph Neal
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Mary DePriest
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs F. E. Griffith
(b) Address Stark City, Mo.

17. (a) Burial (b) Date thereof Oct. 31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia, Mo.

18. (a) Signature of funeral director Wm. Morris Pope

(b) Address Wheaton, Mo.

19. (a) 11-3 1946 (b) Alpha Dejeu
(Date received local registrar) (Registrar's signature)

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

303

RECEIVED

District Health Officer No. *Newton*
District File Number *1146-168*
Date Filed *11/16/46*

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 *Wm. Maris Pope*
Licensed Embalmer No. *31942*
P. O. Address *Wheaton, 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.