

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21104

State File No.

2818

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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: Kansas City Tuberculosis's Hospt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo
(Specify whether years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3129 Forest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME

James Howard Neel

3. (b) If veteran,

name war no

3. (c) Social Security

No. 495-10-4416

4. Sex

MO

5. Color or race

W

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Mary

6. (c) Age of husband or wife if

alive 45 years

7. Birth date of deceased

Jan
(Month)

(Day)

6
(Day)

(Year)

1903
(Year)

8. AGE:

Years

Months

Days

5
If less than one day

44

5

24

hr. min.

9. Birthplace

Sileam Springs Ark
(City, town, or county) (State or foreign country)

10. Usual occupation

Sales man

11. Industry or business

MOTHER FATHER

12. Name

E. A. Neel

13. Birthplace

Belville Kansas
(City, town, or county) (State or foreign country)

14. Maiden name

Lela D. Carl

15. Birthplace

Sileam Springs Ark
(City, town, or county) (State or foreign country)

16. (a) Informant

Kansas City Tuberculosis's Hospt

(b) Address

Kansas City, Mo

17. (a)

removal
(Burial, cremation, or removal)

(b) Date thereof

7-1-47
(Month) (Day) (Year)

(c) Place: burial or cremation

Sileam Springs Ark

18. (a) Signature of funeral director

Freeman J. ...

(b) Address

Kansas City Mo

19. (a)

7-2-47
(Date received local registrar)

(b)

Shirley Holmes
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month July day 1
year 1947 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from

March 1, 1947, to July 1, 1947
that I last saw him alive on July 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis 5 Mo

Due to

Due to

Other conditions

Pulmonary Hypertension
(Include pregnancy within 3 months of death)

Major findings:

Of operations 13 1/2
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?

(e) Means of injury

23. Signature W. L. Coffman (M. D. or other) MD
Address Kansas City Mo Date signed 7-1-47

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..... *Elmer C. Wedelin*

Licensed Embalmer No. *3493*

P. O. Address *N. 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.