

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39313**
 Registrar's No. **2255**

FILED NOV 24 1947

Registration District No. _____

Primary Registration District No. **6032**

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

1. PLACE OF DEATH:
 (a) County **Ripley**
 (b) City or town **Douglas** no.
 (c) Name of hospital or institution:
Highway # 14, 1 mi. north of
Douglas
 (If not in hospital or institution, write street number and name)
 (d) Length of stay: In hospital or institution **5** (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Ripley** 91
 (c) City or town **Oxley** 2
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? **no.** (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME **James Sidney Neal**
 (b) If veteran, **no.** (c) Social Security name war _____ No. **513-10-3244**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **30**
 year **1947** hour **4** minute **30 P.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Evelena Neal** **6. (c) Age of husband or wife if** **20** years
7. Birth date of deceased **March** **20** **1919**
 (Month) (Day) (Year)

Immediate cause of death _____
Auto Collision
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
1906
1920

8. AGE: Years **28** Months **4** Days **10** If less than one day _____ hr. _____ min.

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Fireman and trucker**

11. Industry or business _____
12. Name **Jim Neal** **9**
13. Birthplace **unknown** (City, town, or county) (State or foreign country)

14. Maiden name **unknown** (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Evelena Neal**
(b) Address **Oxley no.**
17. (a) Burial **Antioch cemt.** **(b) Date thereof** **9-1-1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **L. W. Edwards**
(b) Address **Douglas no.**

19. (a) 10-15-47 **(b) E. B. Johnston**
 (Date received local registrar) (Registrar's signature) 01771

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 091**
(b) Date of occurrence **Aug. 30, 1947**
(c) Where did injury occur? **Ripley no.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway # 14, 1 mi north Douglas no.
 (Specify type of place) (e) Means of injury **Auto accident**
23. Signature **J. H. Williams** **(M. D. or other)** **Case 207**
Address **Douglas 3** **Date signed** **9/22/47**

RECEIVED

District Health Officer No. 5,

District No. 11,476.70

Date Filed 11-22-47

OCT 11 1949

NOV 21 1947

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 Valerius Johnson

Licensed Embalmer No. 4271

P. O. Address Doniphan, 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.

11/22/47