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Rev. 5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1989  
State File No. 12794  
Registrar's No. 1927

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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days  
(Specify whether  
In this community 19 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8603 Smart  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Neath  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 2  
year 1948 hour 6 minute 30 P.M.  
21. I hereby certify that I attended the deceased from April 12 1948 to May 2 1948  
that I last saw him alive on May 2 1948  
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  
6. (b) Name of husband or wife Jettie R. Neath  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased March 4 1878  
(Month) (Day) (Year)

Immediate cause of death Hodgkins Sarcoma  
Duration \_\_\_\_\_

8. AGE: Years 70 Months 7 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 448  
Of operations \_\_\_\_\_

10. Usual occupation Zoo Keeper

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Of autopsy NONE

11. Industry or business Swope Park - K.C. Mo

12. Name Albert Neath

13. Birthplace no data 9  
(City, town, or county) (State or foreign country)

14. Maiden name no data  
(City, town, or county) (State or foreign country)

15. Birthplace no data 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jettie R. Neath  
(b) Address Kansas City, Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 5/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mound Grove Indef. Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director Roland H. Spake  
(b) Address Independence Mo.  
19. (a) 5-4-48 (b) Thereldine Holmer  
(Date received local Registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 5  
23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp Date signed 5-3-48

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

1948-5-2  
1878-3-4  
70-1-20

**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.....

*Roland R. Sparks*

Licensed Embalmer No. *3604*

P. O. Address *Independence, 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.**