DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32168

Registration District No. 43 Primary Registration District No. 5139 Registrar's No. 329

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Coon Island Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Neelyville Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 120
(c) City or town Coon Island Twp (If outside city or town limits, write "RURAL")
(d) Street No. Neelyville Mo (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Sarah Neal
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race Mo
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 18 (Day) 1862 (Year)

8. AGE: Years 85 Months 9 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired House Wife
11. Industry or business
FATHER
12. Name John Bruce
13. Birthplace (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Jane Porter
15. Birthplace (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Geo Jones
(b) Address Neelyville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 5 (Day) 48 (Year)
(c) Place: burial or cremation Woodlawn Poplar Bluff
18. (a) Signature of funeral director Emerson Sam
(b) Address Fontanara ark
19. (a) 10/4/48 (Date received local registrar) (b) B H Mantle (Registrar's signature) 35

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 3 year 1948 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from 29 July, 1948 to 3 Oct, 1948; that I last saw her alive on (Did not see), 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Chronic	??
Due to: Nephritis, Chronic Senility	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131B

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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature J Lester Harwell (M. D. ~~or other~~)
Address Poplar Bluff, Mo. Date signed 14 Oct 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 10-48-136
Date Filed 10-19-48

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 M T Emerson

Licensed Embalmer No.....

P. O. Address Jamesboro Ar

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.