

No. 2  
-5-43  
5-17-39  
I X36671

FILED DEC 9 1948

Registration District No. **277**

Primary Registration District No. **5787**

Registrar's No. **109**

1. PLACE OF DEATH:

(a) County **Mississippi**

(b) City or town **Charleston (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**R. 2. 1 mi. north Snow's Corner**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 years (life)**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**

(c) City or town **Charleston (Rural)**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R. 2. 1 mi. north Snow's Corner**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: -----

3. (a) PRINT FULL NAME **Geraldine Neal**

3. (b) If veteran, name war: -----

3. (c) Social Security No. -----

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **(child)**

6. (b) Name of husband or wife: -----

6. (c) Age of husband or wife if alive: ----- years

7. Birth date of deceased **June 29, 1944**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>4</b>	<b>5</b>	<b>3</b>	hr. min.

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

10. Usual occupation: -----

11. Industry or business: -----

12. Name **Dave Neal**

13. Birthplace **Amorel, Ark.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jewere Lee Jones**

15. Birthplace **Weldon, Ark.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jeweral Lee Neal**

(b) Address **R. 2, Box 365, Charleston, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 3, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **J. L. Sparks**

(b) Address **Charleston, Missouri**

19. (a) **12-4-48** **Mr. John Bonduant**  
(Date received local registrar) (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **2**  
year **1948** hour **4:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **11-22-48** to **12-1-48**, 1948  
that I last saw **her** alive on **12-1-48**, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** **9 days**  
**Acute Bronchitis** **2 wks.**

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Major findings:  
Of operations -----

Of autopsy -----

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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 **0**

23. Signature **W. J. Singal** (M. D. or other) -----  
Address **204 S. Locust St. Charleston, Mo.** signed **12-2-48**

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

MOTHER FATHER

Duration  
9 days  
2 wks.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

67  
6  
j

RECEIVED  
District Health Office No. 2,  
District File Number 1248-1638  
Date Filed 12-7-48

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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 Frank J. Sparks  
Licensed Embalmer No. 3453  
P. O. Address Cape Girardeau 2

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.