

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40904

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 100 Registrar's No. 5486

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>702 W 13th St</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>702 W 13th St</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gen. Ward. K.C.H. Hosp.</u>		3. NAME OF DECEASED a. (First) <u>LAWRENCE</u>		b. (Middle) <u>NEAL</u>	
c. (Last)		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>27</u> (Year) <u>1950</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-2-1899</u>	
9. AGE (In years last birthday) <u>51</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Midwest Chandler</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Louis Neal</u>	
13b. MOTHER'S MAIDEN NAME <u>DICIE EMMA BAKER</u>		14. NAME OF HUSBAND OR WIFE <u>Beulah Neal</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>World War I</u>	
16. SOCIAL SECURITY # <u>490-16-4877</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beulah Neal</u>		ADDRESS <u>702 W 13th</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>3-4-50</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & hemorrhage resulting from crushing injuries of chest,</u> DUE TO (b) <u>fracture of cervical vertebra,</u> DUE TO (c) <u>Car hit bridge abutment</u>		INTERVAL BETWEEN ONSET AND DEATH <u>04 28 31</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>12-23-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>12-23-50</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-22-50 10:25 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE <u>Geo C Kealhofer</u>	
23b. ADDRESS <u>4036 Broadway So C Mo</u>		23c. DATE SIGNED <u>12-24-50</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans</u>	
DATE REC'D BY LOCAL REG. <u>12-28-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stark S. [Signature]</u>	
ADDRESS <u>K.C. Mo.</u>					

WRITE PLAINLY—USING 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.....

FRANK C. MERRICK

working under my personal supervision.

Student Embalmer No. 391.....

Signed *Frank C. Merrick*
Student Embalmer

Signed *Pete J. Lipton*

Licensed Embalmer No. 4773

P. O. Address *KC 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.

40904

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5486

On this 16th day of January, 1951, before me appears my Sylvia M Kirk, who, upon her oath, states that the original record of birth death for Lawrence Neal died 13-23-50, 19____, in the State of Missouri, and which was filed at KCM on 12-28, 1950 should be corrected as follows:

Item No. 13A should read Dicie Emma Baker

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant my Sylvia M. Kirk Self Relationship.

702 N. 13th St. KCM Present Address.

Subscribed and sworn to before me this 16th day of January, 1951.

My Commission expires Oct. 21, 1951 Barre M. Rappels Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.