

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**21064**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Albion 2 Registration District No. 20  
 (b) Township 0 Primary Registration District No. 9014  
 (c) City Jacks (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

254 Curtis Lewis McNeal  
 (a) Residence, No. Jacks St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1872

7. AGE YEARS 67 MONTHS 7 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc. Paper hanger  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 1

FATHER 13. NAME Curtis M. Neal 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 1

MOTHER 15. MAIDEN NAME Francis Powers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs. J. G. Fish  
Jacks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Country DATE Feb 18 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. M. Davis

20. FILED Feb 18 1940 Overbaugh  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 - 1940, to Feb 15 - 1940

I last saw him alive on Feb 14, 1940. Death is said to have occurred on the date stated above, at 2:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2-1-40

Other contributory causes of importance: Arterio Sclerosis since 1937

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Thromb. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Davis, M. D.  
 (Address) Jacks

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**JUL 9 1940**

RECEIVED  
District Health Officer No. 11,  
District File Number 740-972  
Date Filed JUL 1 1940

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.....

*J. M. Davis*  
Licensed Embalmer No. 2394

P. O. Address.....

*Larkins, Md*

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, above space should be left blank.