No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37790

Registration District No. 0158 DEC 10 1941

Primary Registration District No. 1001

Registrar's No. 1098

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City-Street-Lake Pl-Iowa-Ave (If not in hospital or institution, write street number or location)

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

In this community 8 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 224 Iowa-Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Octavia-Neaves

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Homer-Neaves

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 10 (Month) — 7 (Day) — 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
41	1	7	hr. ..... min.

9. Birthplace Falton (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Pete-Aggee
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Homer Neaves

(b) Address 224 Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Graves-Fun-Home

(b) Address 806-S. 17th St.

19. (a) Nov. 26, 1941 (Date received local registrar) (b) H. J. Nestlebrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th year 1941 hour 9 minute P M.

21. I hereby certify that I ~~attended~~ the deceased on Nov 14, 1941, to ....., 19....; that I last saw h ..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally struck by an automobile. Fracture of right arm

Due to Compound fracture of right leg. Internal injuries

Due to to Chest. Hemorrhage from mouth and shock

Duration 1 day

Other conditions (Include pregnancy within 3 months of death) Woman was slightly injured

Major findings: Of operation When struck by an automobile while

Of autopsy No. Attempting to cross Lake Ave between Cowgill and Nebraska

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) Accidental

(b) Date of occurrence Nov 14 1941

(c) Where did injury occur? St Joseph (City or town) Buch (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On City street (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature H F Mundy (M. D. or Coroner)

Address 404 So 3d Date signed 11/15/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.