. S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39886

State File No.

Registration District FILED JAN 11 1943 Primary Registration District No. 1002 Registrar's No. 4971

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital No. 2 O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-11-42-12-21-42 (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 908 E. 10 (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME ALBERT W. NEAL

3. (b) If veteran, name war —

3. (c) Social Security No. no

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June (Month) 3 (Day) 1862 (Year)

8. AGE: Years 80 Months 6 Days ~~19~~ 18 If less than one day hr. min.

9. Birthplace Bloomfield (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Premus Neal
13. Birthplace (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Luvenia Davis
15. Birthplace (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No.2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 2 (Day) 43 (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E 12th K.C. Mo.

19. (a) 12-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1942 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from December 11, 1942, to December 21, 1942, that I last saw him alive on December 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Hydrothorax and Ascites

Due to Atrophic Cirrhosis of liver

Due to 124 B'

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration

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)

While at work? (e) Means of injury

23. Signature O C Seebeck (M.D. or other)

Address Gen. Hosp. #2 600 E 22 Date signed 12-30-42

(Licensed Embalmer's Statement on Reverse Side)

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 R. T. Moore

Licensed Embalmer No. 548

P. O. Address Kansas City

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.