

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

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: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 weeks** (Specify whether years, months or days)

In this community **2 months**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **416 West 46th Terrace**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Harold W. Neville**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Minnie Neville**

6. (c) Age of husband or wife if alive **1879** years

7. Birth date of deceased **July 6th 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	5	5	hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Railroad Station Agent**

12. Name **Washington Neville**

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

14. Maiden name **Rebecca Jane Eakin**

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

16. (a) Informant **Mrs. Grace Chinnery**

(b) Address **721 East 72nd Street**

17. (a) **Removal** (b) Date thereof **12-12-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Norton, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**
Kansas City, Mo.

(b) Address

19. (a) **12-11-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11**
year **1944** hour **5:45** minute **7** A. M.

21. I hereby certify that I attended the deceased from **11/28/44**
19 to **12/11/44** 19

that I last saw him alive on **12/11** 19

and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal pneumonia**

Due to **Encephalomalacia**

Multiple localized foci

Due to **Cereb.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **30g**

Of operations

Of autopsy **Same as above**

Duration **4 days**

207g

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? (r) Means of injury

23. Signature **Quarant. Home med.** (M. D. or other)

Address **1st Plaza, Kansas City** Date signed **12/11/44**

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

Joseph R. Hunt, Registered Apprentice No. 364
working under my personal supervision.

Signed Walter K. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.