

S. No. 2  
M-5-43  
5-17-39  
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UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10384

FILED APR 10 1945

Registration District No. 274

Primary Registration District No. 352

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution:  
110 E 6TH ST.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PETTIS MO

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

(d) Street No. 110 E. 6TH ST 6  
(If rural, give location) 4

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

3. (a) PRINT FULL NAME CHARLES A. NEAL

3. (b) If veteran, name war                      3. (c) Social Security No.                     

4. Sex MALE 5. Color or race WHITE

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

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

7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 28 year 1945 hour TWO minute 9 A.M.

21. I hereby certify that I attended the deceased from MAR 27 1945 to MAR 28 1945 that I last saw him alive on MAR 28 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

ABOUT 76 hr.                      min.

Immediate cause of death Acute myocarditis

Due to chronic Parenchymatous nephritis

Due to uremia poisoning (uremia)

Other conditions                       
(Include pregnancy within 3 months of death)

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

10. Usual occupation                     

11. Industry or business                     

MOTHER FATHER

12. Name                                          

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

14. Maiden name                     

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

Major findings: Of operations                     

Of autopsy                     

PHYSICIAN                     

Underline the cause to which death should be charged statistically.

16. (a) Informant FRANK FRASURE

(b) Address KANSAS CITY, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-30-1945 (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo Willard

(b) Address SEDALIA, MO.

19. (a) 3/30/1945 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

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?                     

While at work? (Specify type of place) (e) Means of injury                     

23. Signature U. R. Mast Cox (M. D. or other) MO.

Address 116 1/2 W. Main Date signed 3-27-45

1022

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-7-45

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Bedalia

**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.