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M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40610

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1389

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: 431 No 17th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 431 No 17th 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Dennis Robert 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 Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Dec (Month) 6 (Day) 1945 (Year)

8. AGE: Years 0 Months 0 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Dennis F. Neal
13. Birthplace Villisca (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Margaret L. Rainey
15. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs D. F. Neal

(b) Address St Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation Villisca Iowa

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) Dec 26 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1945 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from Dec 21, 1945, to Dec 26, 1945 that I last saw him alive on Dec 21, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent foramen Ovale	15 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

1570

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 Leroi Beckman (M. D. or other)

Address King Hill Bldg ST. JOSEPH Date signed 12/22/45

1428 (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 Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.