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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1946

Registration District No. 226

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37783

Primary Registration District No. 4337

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: —
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. —
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Brutton Neale

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 Married

6. (b) Name of husband or wife Sarah Ruth Brown

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 3 (Month) 12 (Day) 1892 (Year)

8. AGE: Years 54 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name John Neale
13. Birthplace Mo (City, town, or county) (State or foreign country)

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

16. (a) Informant Arnold Brown
(b) Address Madison Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo

19. (a) 11/14/46 (Date received by local registrar) (b) Olive Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1946 hour 1 minute 40 p. M.

21. I hereby certify that I attended the deceased from Nov 3, 1946, to Nov. 13 1946 that I last saw him alive on Nov. 13 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	10 days.
Due to chronic myocarditis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93D

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 G R Gurney D.O. (M.D. or other)
Address Madison Mo Date signed 11/14/46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-2140
Date Filed NOV 25 1946

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 Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address Modena, 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.