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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1254**
Registrar's No. **480**

Registration District No. **197** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 hr.
(Specify whether
In this community Eleven years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, MO. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 900 E. Armour. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Norman Neil
(b) If veteran, name war. World War II 3. (c) Social Security No. 495-01-2505

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Uran Neil 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased. Mar 18 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 10 13 hr. min.

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

10. Usual occupation Accountant

11. Industry or business

12. Name S. M. Neil

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

14. Maiden name Glenn Rindge

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

16. (a) Informant Hosp Records
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof. 2-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo.
18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron, Mo.

19. (a) 2-1-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1947 hour 8 minute 20 P.
21. I hereby certify that I attended the deceased from Jan. 30, 1947 to Feb. 1, 1947
that I last saw him alive on Feb. 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure Duration 48 hrs

Due to Myocardial infarction 48 hrs

Due to Coronary artery occlusion 48 hrs
Anterior + posterior vessels

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy Myocardial infarction + coronary artery occlusion

22. If death was due to natural 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 Cameron (M. D. or other) 0
Address 5138 Belvidere Rd Date signed 2-1-47
Kansas City, Mo.

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

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..... *W. D. Nelson*
Licensed Embalmer No. *4421*
P. O. Address..... *Cameron, N.C.*

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.