

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7618

State File No.

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Clayton

(b) City or town Wab. Mo.

(c) Name of hospital or institution: State Hosp #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 years 9 months 9 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2002 E 44
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUAN (LUELLIE) NEVILLE

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife L

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

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

8. AGE: Years 70 Months 9 Days 9

If less than one day hr. min.

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

10. Usual occupation house

11. Industry or business L

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant burial record

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 2/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El-Divide Spgs

18. (a) Signature of funeral director Major Eugene Hays

(b) Address El-Divide Spgs Mo

19. (a) 2-14-48 (b) Kathryn Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1948 hour 1:30 minute 30 M.

21. I hereby certify that I attended the deceased from 2-3- 1948, to 2-14- 1948
that I last saw her alive on 2-13- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to L

Other conditions L
(Include pregnancy within 3 months of death)

Major findings: 93

Of operations _____

Of autopsy _____

Duration _____

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, or farm, in industrial place, in public place? _____

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

23. Signature A. Hall (M. D. or other)
Address Wab. Mo Date signed 2-14-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7;
District File Number 1-48-113
Date Filed 2-25-48

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 George W. Nofus
Licensed Embalmer No. 2252
P. O. Address El Dorado, Ark.

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.