

No. 2
1/47
17-39

FILED SEP 4 1948
Registration District No.

Primary Registration District No. 5572

State File No.

Registrar's No. 158

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: EMERGENCY HOSPITAL
JACKSON COUNTY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days
Specify whether

In this community: 67 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 8900 Independence Ave!
(If rural, give location)

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

3. (a) PRINT FULL NAME: Lawrence Neff

3. (b) If veteran, name war:

3. (d) Social Security No.: 497-28-0590

4. Sex: male 5. Color or race: wh.

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: DELIA NEFF

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

7. Birth date of deceased: May 10 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	3	4	hr. min.

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

10. Usual occupation: SALESMAN

11. Industry or business:

12. Name: JOHN H. NEFF

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

14. Maiden name: CYNTHIA MOCK

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

16. (a) Informant: JOHN H. NEFF
(b) Address: 2605 KENSINGTON

17. (a) Burial, cremation, or removal: BURIAL
(b) Date thereof: 8-17-48
(Month) (Day) (Year)

(c) Place: burial or cremation: ELMWOOD CEMETERY

18. (a) Signature of funeral director: J. F. Donald
(b) Address: 3256 BROADWAY

19. (a) Date received local registrar: AUG 16 1948
(b) Registrar's signature: Charles C. Earnshaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1948 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-9-48, 19, to 8-14-48, 19;
that I last saw him alive on 8-13-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Attack
Cardiorenal disease

Duration: unknown

Other conditions:

Major findings:
Of operations:

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

Means of injury:

Address: 10# 4 Independence Ave signed 8-14-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

Park S. Rowe

Licensed Embalmer No. 2347

P. O. Address. K. C. 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.