

JAN 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

45854  
Do not use this space.

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1. PLACE OF DEATH

(a) County Lawrence Registration District No. 469  
 55 (b) Township Lincoln Primary Registration District No. 5630 Registered No. 37  
 (c) City..... (d) Street No. On Highway 66 4 Miles East Of H W 39 St.  
 (If death occurred in Hospital or Institution; write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gertrude McNeary

(a) Residence, No. Kirkwood Mo. St.  Kirkwood Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis J Mc Neary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. 23  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio.

FATHER 13. NAME John Madigan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER 15. MAIDEN NAME Harriet Sisler.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Francis J McNeary  
 (ADDRESS) Kirkwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo. DATE Nov, 18, 1937

19. FUNERAL DIRECTOR King Funeral Home  
 (ADDRESS) Aurora Mo.

20. FILED 1-10 1938 W. S. Burney  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from after death, 19....., to....., 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9.00A.M.  
 The principal cause of death and related causes of importance were as follows:

Broken neck Date of onset  
 Other contributory causes of importance: car wreck, 2/10/37

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 11/16, 1937  
 Where did injury occur? Highway 66  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Public place  
 Manner of injury car wreck  
 Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Herma Durridge  
 (Address) Aurora Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Me L. E.

No. 3072 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision:

Signed Herman Surridge  
Licensed Embalmer No. 3072

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.)