

MOH 24 1939

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

5793
Do not use this space.

1. PLACE OF DEATH
(a) County Barry Registration District No. 31
(b) Township MacDonald #2 Primary Registration District No. 5045A Registered No. 11
(c) City Rural (d) Street No. _____ St. _____
(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 Rufus M McNeil
(a) Residence, No. Purdy R.R. St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tela McNeil
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 0 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Green Forest Ark.
13. NAME Logue McNeil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT Lester McNeil (ADDRESS) Verona Missouri # 1
18. BURIAL, CREMATION, OR REMOVAL PLACE Sparks Cemetery DATE Jan 26 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Horine Culver Cassville Missouri
20. FILED Mar 29 1939 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1939 to Jan 25 1939
Last saw him alive on Jan 24 1939 Death is said to have occurred on the day stated above, at 1.50 a.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Arteriosclerosis
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. D. Baldwin M.D.
Purdy McNeil

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.

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.....

J. E. Cohen

Licensed Embalmer No.

3354

P. O. Address

Cassville 2

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, above space should be left blank.