

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

**28849**  
 Do not use this space.

**1939 SEP 12 1939**

**1. PLACE OF DEATH**

(a) County Cedar Registration District No. 16.5  
 (b) Township Washington Primary Registration District No. 5-2-34  
 (c) City Caplinger Mills (d) Street No. \_\_\_\_\_ 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** Ben Franklin McNeely

(a) Residence, No. 8 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Emma Carr  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 4 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

FATHER 13. NAME Jessie F. McNeely

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Milina Bane

16. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Joe McNeely

18. BURIAL, CREMATION, OR REMOVAL PLACE Caplinger Mills DATE 8-9-39

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO. (ADDRESS) STOCKTON, MO. 935

20. FILED Aug 27 19 39 Mrs Minnie Capleton Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11 1939 to June 25 1939

I last saw him alive on June 25 1939 Death is said to have occurred on the date stated above, at 3:00P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Hypertension and arterio-sclerosis

Date of onset ?

?

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

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? NO  
 If so, specify \_\_\_\_\_

(Signed) Barnd C. Adair, M. D.  
 (Address) Stockton, 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.

**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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton ca*

**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.**