

REC'D SEP 21 1939

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

20540  
Do not use this space

1. PLACE OF DEATH 3

(a) County Lawrence 1 Registration District No. 470

(b) Township Ant. Vernon Primary Registration District No. 5-10-33 Registered No. 118

(c) City Ant. Vernon (d) Street No. 7th State St. 421 St. Mo.  
(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 0 yrs. 6 mos. 30 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mildred M. McNeil

(a) Residence, No. Ethel, Mo. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1st, 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>22</u>	<u>9</u>	<u>30</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beautician

9. Industry or business in which work was done, as saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) Nov 2, 1938 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Plata Missouri

FATHER 13. NAME Emmit Wayne McNeil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield Mo

MOTHER 15. MAIDEN NAME Josephine Mae

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethel Missouri

17. INFORMANT (ADDRESS) Ethel McCharles, Beard Club Mo. State San.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon Mo DATE Feb 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert James Macon Mo

20. FILED Aug 30, 1939 P. A. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1939, to 8-30, 1939

I last saw her alive on 8-30, 1939 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset Aug 19, 38

Other contributory causes of importance: 22

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Sputum 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) P. A. James, M. D.  
421 (Address) Ant. Vernon, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16605

RECEIVED

District Health Officer No. 6,

District File Number 939-1786

Date Filed SEP 6 1939

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**