JUL 17 1940

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

21059
Do not use this space.

1. PLACE OF DEATH
(a) County Atchison — Registration District No. 20
(b) ~~Township~~ ~~Tarkio~~ — Primary Registration District No. 4014 — Registered No.
(c) City Tarkio, Mo. — (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 55 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 254 WILLIAM A McNEAL.
(a) Residence, No. Tarkio Missouri. 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 (*write* the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie McNeal.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5, 1861
7. AGE: YEARS 78 — MONTHS 5 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Interior Decorator
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): May 1940.
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania.

FATHER
13. NAME: Curtis McNeal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania.

MOTHER
15. MAIDEN NAME: Byers.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania.

17. INFORMANT (ADDRESS): Mrs Lillie McNeal.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tarkio Mo DATE June 5-1940

19. FUNERAL DIRECTOR (ADDRESS): [signature] Tarkio Mo.

20. FILED June 5, 1940 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3-1940, 19

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1940 to June 3, 1940
I last saw him alive on May 2-11-P.M., 19 Death is said to have occurred on the date stated above, at 2.55 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Artero-Sclerosis	1936
& Cerebral Hemorrhage	
Other contributory causes of importance:	
Prostatitis & cystitis and	Mar. 1 1940
Left Hemiplegia	May 21 1940

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify indirectly by absorption
(Signed) Charles E Burnham, M. D.
(Address) Tarkio Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11
District File Number 740-1236
Date Filed JUL 15 1940

STATEMENT BY LICENSED EMBALMER

I, W. B. Clement, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. B. Clement

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. B. Clement

Licensed Embalmer No. 3381

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)