

No. 2  
4-13-40  
5-17-39  
P-1 X2255

MAR 11 1941 85

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 160

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 10th & Bell Streets /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 20 years.

3. (a) PRINT FULL NAME Henry H. McNeese

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della McNeese

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. 16 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>20</u>	hr. min.

9. Birthplace Albany 0 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9 Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della McNeese

(b) Address 10th & Bell St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 8, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery.

18. (a) Signature of funeral director H. O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Feb 7-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 10th & Bell Streets  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th  
year 1941. Viewed 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 6 1941 to 19 ;  
that I last saw ~~him~~ her on Feb 6 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage  
General arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

85 While at work? (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature H. F. Mundy (M. D. or other) Coroner  
Address 404 So. 3rd St. Date signed 2/6/41

**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.....

*Albert R. Harrington*

Licensed Embalmer No..... 3258

P. O. Address..... St. Joseph, Mo.

**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, fact should be so stated above.**