

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42367

State File No. \_\_\_\_\_

Registration District No. 470

Primary Registration District No. 4283

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community all his life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence <sup>55</sup>

(c) City or town mt. Vernon  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Walter McNeelin

3. (b) If veteran, name war Y

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna McNeelin

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug 8 1861  
(Month) (Day) (Year)

8. AGE: Years: 80 Months: 3 Days: 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business agriculture

12. Name William McNeelin

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

14. Maiden name Wiley

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

16. (a) Informant Mrs. Thelma McNeelin

(b) Address Vermon Mo

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

(c) Place: burial or cremation 2009

18. (a) Signature of funeral director Geo Bon

(b) Address Vermon Mo

19. (a) 12-7-1941 (b) P. A. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1941 hour 3:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 9  
1941 to Dec 6 1941

that I last saw him alive on Dec 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Stenocardia  
Vomiting

Due to partial paralysis of bowels 24 hrs

Due to Influenza - epistaxis 29 mo 1 mo

Other conditions (Include pregnancy within 3 months of death) 530

Major findings: Of operations 530

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

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

23. Signature P. A. Holmes (M. D. or other) 1

Address Vermon Mo Date signed 12-7-41

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

3  
3  
0

RECEIVED

District Health Officer No. 6,

District File Number 172-56

Date Filed JAN 6 1942

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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, fact should be so stated above.**