

FILED JAN 22 1942

Registration District No. 55

Primary Registration District No. to 33

Registrar's No. 106

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Joyce Christine McNeely
3. (b) If veteran, name year _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 25 - 1941
(Month) (Day) (Year)

20. DATE OF DEATH: Month Dec day 31 at
year 1941 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 31
1941 to Dec 31 1941
that I last saw her alive on Dec 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions Duration 12/30/41
Due to Septic 12/29/41

8. AGE: Years _____ Months _____ Days 6 If less than one day 10 hr. 30 min.

Due to Deficiency in blood pro-thrombin birth

9. Birthplace Madison (City, town, or county) MO (State or foreign country)

Other conditions no brain injury present at birth

10. Usual occupation Infant

Major findings: Of operations

11. Industry or business Infant

Of autopsy 86

12. Name Joyce McNeely

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

14. Maiden name Dorothy Vandergriff

15. Birthplace Flat River (City, town, or county) MO (State or foreign country)

16. (a) Informant Joyce McNeely

(b) Address Madison MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation Stanford Cem

18. (a) Signature of funeral director Wm. B. [unclear]

(b) Address Madison MO

19. (a) Jan 1 - 42 (Date received local registrar) (b) [Signature] (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature S. E. Mitchell (M. D. or other) [Signature]

Address Madison MO Date signed 1/1/42

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

2

RECEIVED

District Health Office No. 2,

District File Number 142-92

Date Filed 1-16-42

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.