

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6702

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

Registrar's No. 175

FILED MAR 25 1942  
Registration District No. 3892

Primary Registration District No. 2001

39  
2  
6

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

1. PLACE OF DEATH:

(a) County. GREENE

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

(c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/4/42 5:45 pm - 3/4/42 8:20 pm  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Republic 11  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME McNeill, Daniel

3. (b) If veteran, name war World War 3. (c) Social Security No. 457-28-1971

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4  
year 1942 hour 8 minute 15 P. M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. Unknown Unknown 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 3 - 1942 to Mar 4 1942  
that I last saw him alive on Mar 4 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years About 48 Months Unknown Days Unknown If less than one day hr. min.

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

Immediate cause of death Intestinal Obstruction 4 days  
Type Unknown  
Due to \_\_\_\_\_  
Due to 122 bed

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Fay Goodin

(b) Address Republic, Mo. R.F.D.

17. (a) Burial (b) Date thereof Mar. 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindsay Chapel

18. (a) Signature of funeral director R.E. Thurman

(b) Address Republic Mo.

19. (a) 3-7-42 (b) D. W. Handley  
(Data received local registrar) (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 5 hrs.

23. Signature W. D. Stare (M. D. or other) W.D.  
Address Springfield Mo. Date signed 3/5/42

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APR 28 1942

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 [Signature]  
Licensed Embalmer No. 508  
P. O. Address [Signature]

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.