

No. 2
13-40
17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23886

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 733

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution St. Joseph Hospital
(d) Length of stay: In hospital or institution 4 1/2 hours
In this community about 6.5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1015 Main St.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME WILLIAM-D-McNEILL

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color of race W
6. (a) Single, widowed, married, divorced, or widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 16 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Alexandria, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired paper buyer

11. Industry or business (wholesale)

12. Name William McNeill

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

14. Maiden name Jane McNeill

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

16. (a) Informant J. M. McNeill

(b) Address 1015 Main

17. (a) Burial, cremation, or removal (b) Date thereof July 29 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Roy Atkinson

(b) Address St Joseph Mo
19. (a) 7-28-42 (b) The Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1942 hour _____ minute 39 25 A. M.

21. I hereby certify that I attended the deceased from July 26 1942
that I last saw him alive on July 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromb
Due to Arteriosclerotic

Duration 3 hrs.

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature of physician J. M. McNeill
Address 670 Francis Date signed 7/27/42
While at work? (Specify type of place) () Means of injury ()

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

MOTHER FATHER

#P

1233

(Licensed Embalmer's Statement on Reverse Side)

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.....

John Roy Stamer

Licensed Embalmer No.....

2435

P. O. Address.....

St. Joseph W

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.