

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: 432 W. Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 432 W. Madison (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Harvey McNeese

3. (b) If veteran,

name was none

3. (c) Social Security

No. none

4. Sex

Male 0

5. Color or race

White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Emma Clara McNeese

6. (c) Age of husband or wife if

alive 75 years

7. Birth date of deceased

April 26, 1864
(Month) (Day) (Year)

8. AGE:

Years 78 Months 3 Days 3
If less than one day
hr. _____ min. _____

9. Birthplace

Unknown / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

12. Name

Isaac McNeese

13. Birthplace

Unknown / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name

Laura Miller

15. Birthplace

Unknown / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Phillin Reitz

(b) Address

Strafford, Missouri

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 7/31/42
(Month) (Day) (Year)

(c) Place: burial or cremation

Hazelwood

18. (a) Signature of funeral director

Fred C. Thieme

(b) Address

Springfield, Mo.

19. (a) 7-31-42

(Date received local registrar)

(b) S. W. Staudley
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1942 hour 10:52 minute P. M.

21. I hereby certify that I attended the deceased from 7-27-42
1942 to 7-29-42 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Sexuality (78)
Cholecystitis
Acute Bronchitis

Duration

Due to _____

Due to _____

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

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Garrett (M. D. of other) _____

Address 510 Woodruff Date signed 7/31/42

AUG 15 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. 3681

P. O. Address: Springfield, 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.