

FILED OCT 9 1942

Registration District No. 164

Primary Registration District No. 3023 3032

Registrar's No. 97

51
2
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no Yes or No 0
If yes, name country _____

3. (a) PRINT FULL NAME Lona June McNeese

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep - day 3 year 1942 hour 7:15 minute A.M.

21. I hereby certify that I attended the deceased from Sep 1-42 19... to Sep 3-42 19... that I last saw him alive on 9-3-42 19... and that death occurred on the date and hour stated above.

4. Sex Female / race White 5. Color or race White

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Sep-1-1942
(Month) (Day) (Year)

Immediate cause of death Con genitl cardiac deformity 3 days

Duration _____

Other conditions 1572
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

0 0 2 hr. _____ min.

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

10. Usual occupation none

11. Industry or Business _____

12. Name John R. McNeese

13. Birthplace Johnson Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Johnnie M. McNeese

15. Birthplace Wassette Co, Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant John R. McNeese
(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof Sep-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Mem.

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 _____

18. (a) Signature of funeral director Sweeney Shelly
(b) Address Warrensburg, Mo

19. (a) Sep 4 1942 (b) Seala M Williams
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD
Address Warrensburg, Mo Date signed 9-4-42

1001

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-8-42

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 R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg 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.