

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38253

State File No. _____

FILED DEC 14 1942 27

Registration District No. _____

Primary Registration District No. 4484

Registrar's No. 527

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

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

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

3. (a) PRINT FULL NAME Charles Thomas Mc Neely

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27^d
year 1942 hour 9 minute 30 A.M.

4. Sex Male White

5. Color or Race White

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

6. (b) Name of husband or wife Ada Mc Neely

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 13, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 26th, 1942 to November 27th, 1942, that I last saw him alive on November 25th, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	85	10	14	hr. _____ min. _____

Immediate cause of death: Myocardial Decompensation

9. Birthplace Warick Co. Ind
(City, town, or county) (State or foreign country)

Due to Chronic Myocarditis

Due to Hypertension

10. Usual occupation Farmer

11. Industry or business _____

Other conditions Senility 938
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Joe Mc Neely

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

14. Maiden name Jane Edwards

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

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ada Mc Neely

(b) Address Commerce Mo

17. (a) Burial (b) Date thereof 11-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cat Saleem Commerce Mo

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? _____

18. (a) Signature of funeral director Charles M. Hubbard

(b) Address Commerce Mo

19. (a) 12-1-42 (b) Mrs. J. Edwards
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature M. P. Broun (M.D. or other) D.O.
Address Benton, Mo. Date signed 11-28-42

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

100
0

100
0

0

RECEIVED

District Health Office No. 2,

District File Number 1242-1673

Date Filed 12-11-42

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 Mamie Bumpen Hoff

Licensed Embalmer No. 3242

P. O. Address Chattanooga

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.