S. No. 2
M—5-42
v. 5-1-39
I X32873

FILED FEB 16 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7869

State File No.

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 4

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1
0

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie, Mo.
(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 65 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Bernie 103
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James McNease

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of ~~husband or~~ wife Mrs. Belle McNease

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. (Month) 23 (Day) 1862 (Year)

8. AGE: Years 80 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Bradley County (City, town, or county) ~~Ky~~ Tenn. 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name ~~Unknown~~ Jonathan McNease
13. Birthplace (City, town, or county) Ga. 1 (State or foreign country)

MOTHER
14. Maiden name Barbara Shirak
15. Birthplace (City, town, or county) Ga. 1 (State or foreign country)

16. (a) Informant Charles McNease
(b) Address Bernie, Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan. 18 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bernie, Mo.

18. (a) Signature of funeral director Duncan Funeral House
(b) Address Bernie Mo.

19. (a) 1-23-1943 (Date received local registrar) (b) Cordie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th.
year 1943 hour 5:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-16- 1942, to 1-15- 1943
that I last saw him alive on 1-15- 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration 3 months

Due to —

Due to — 162b

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 Dawsey Ryan O (M. D. ~~or other~~)
Address Bernie Mo Date signed 1-20-43

1133

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 243-207
Date Filed 2-8-43

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.....

P. O. Address.....

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.