

Registration District No. **103**

Primary Registration District No. **4297**

Registrar's No. **15**

1. PLACE OF DEATH

(a) County **Linn**
(b) City or town **PURDIN**
(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 _____ years, months or days)

3. (a) PRINT FULL NAME **LON M. McNALLY**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, married, divorced **MARRIED**

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

7. Birth date of deceased **MARCH 17 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **0** If less than one day hr. min.

9. Birthplace **RIDGEWAY OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED BARBER**

Industry or business **Shornoverally**
Name **Shornoverally**

12. Birthplace **Princeton Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Princeton Ohio**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kay M. Meeley**
(b) Address **Millers, Mo.**

17. (a) **BURIAL** (b) Date thereof **5-20 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Purdin, Mo.**

18. (c) Signature of funeral director **Thorne, Missouri**

(b) Address **Missouri**

19. (a) **May 20 1945** (b) **Mrs. C.C. Woolf**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Linn**
(c) City or town **PURDIN**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **17**
year **1945** hour **9** minute **30 AM**

21. I hereby certify that I attended the deceased from **Nov 15**
1944, to **May 16th** 1945;

that I last saw him alive on **May 16th** 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death **pistol shot**
pt. occipito-parietal junction
by arm hand

Due to **lacunophle sickness of large**
stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **164c**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **May 17-1945**

(c) Where did injury occur? **Purdin, Mo. MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? **no** (Specify type of place)
(e) Means of injury **Pistol**

23. Signature **Kay M. Meeley** (M. D. or other)
Address **Purdin MO** Date signed **5-18-45**

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

MOTHER'S FATHER'S

RECEIVED

District Health Officer No. 11,

District File Number.....

Date Filed.....

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..... *David A. Taylor*

Licensed Embalmer No. *3761*

P. O. Address..... *Linwood, 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.