

FILED JAN 8 1946
Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2407 South 16th
(If not in hospital or institution, write street number or location)

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

In this community 12 years
years, months or days

3. (a) PRINT FULL NAME John Thomas McNemee

3. (b) If veteran, name war. none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lela McNemee

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 4 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>17</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Doniphan Co., Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Jefferson L. McNemee

13. Birthplace Buchanan Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Thomas

15. Birthplace Buchanan Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Andrew

(b) Address 2407 So. 16th

17. (a) removal (b) Date thereof 12/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Troy, Kan.

18. (a) Signature of funeral director Walter DeHole & Bowman

(b) Address 319 South 10th

19. (a) Dec 12-1945 (b) R. R. Pluh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2407 South 16th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1945 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from July 26 1945 to Dec 8 1945
that I last saw him alive on Dec 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to _____

Due to arterial sclerosis

Other conditions organic heart disease
(Include pregnancy within 6 months of death)

Major findings:
Of operations none

Of autopsy none

Duration 3 hrs.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. R. Pluh (M. D. or other) _____

Address Bendona, Kan. Date signed Dec 10 1945

1428

Rev. R. P. Clutz
Bendona, Kan.

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 8 Dec 45

Registered Apprentice No. ✓

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.