

S. No. 2
M-5-43
5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
1946
STANDARD CERTIFICATE OF DEATH

State File No. 10264
Registrar's No. 3

Registration District No. 250 Primary Registration District No. 5858 # 3

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Barnard Rural, White
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community About forty five years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Barnard
(If outside city or town limits, write "RURAL" and name of town or location)
(d) Street No. Rural 2 1/2 West 3/4 South
(e) Citizen of foreign country? 3 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Elles McNeill
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Clara D. Meadows McNeill Deceased
6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb, day 1, year 1946 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from Jan 24, 1946, to Feb. 1, 1946
that I last saw him alive on Feb. 1, 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept 10 1854
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
91 4 21 hr. min.

Immediate cause of death
atherosclerosis & chronic nephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 131/85

9. Birthplace Cornsville Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business _____
12. Name Clairide McNeill
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Minerva Elles
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

Major findings: not made
Of operations _____
Of autopsy not had

16. (a) Informant Jimmie M. Hartman
(b) Address Barnard Missouri
17. (a) Burial (b) Date thereof 2-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation K&B P. Matland
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marionville Missouri
19. (a) Feb 6 1946 (b) Mrs. M. Egan
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury 0
23. Signature Chas. D. Humbert (M. D. number) _____
Address Barnard, Mo. Date signed 2/5/46

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

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

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..... *W. Lean Campbell*
Licensed Embalmer No..... *2620*
P. O. Address..... *Maryville M*

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.