S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31065

Registration District No. 251 Primary Registration District No. 1 8 6 4 Registrar's No. 140

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Pickering-Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles N.W. of Pickering
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Pickering - rural, - 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles N.W. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anna Caroline McNeal
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 6, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	3		hr. min.

9. Birthplace: Mount Carrol (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: dressmaker
11. Industry or business:
FATHER 12. Name: Aaron McNeal
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Amelia Black
15. Birthplace: Huntington Co, Penn (City, town, or county) (State or foreign country)
16. (a) Informant: Marvin McNeal
(b) Address: Pickering Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Miriam Cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo
19. (a) 9-12-46 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1946 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from Sometime in 19 42 to Sept 6 19 46 that I last saw her alive on July 20 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Debility	
Due to: Cerebral Hemorrhage Paralysis	28 yrs
Due to: As result of a fall 6 mo. ago. Has been bedfast	
Other conditions: Since. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation
Of autopsy: No 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: 0
23. Signature: Eugene L Crowson (M. D. or other) M.D
Address: Pickering Mo Date signed: 9-

229

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEA[illegible] OFFICE
Cameron, Mo.

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.