

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34351**  
Registrar's No. **417**

**FILED NOV 12 1946**

Registration District No. **275**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Bothwell Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Michael McNeal**

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 **0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased **October 26 1946**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **24 hr. min.**

9. Birthplace **Bothwell Hospital, Sedalia, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **James Alfred McNeal**

13. Birthplace **Syracuse Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Opal Irene Turner**

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

16. (a) Informant **James Alfred McNeal**

(b) Address **1522 East 4th**

17. (a) **Burial** (b) Date thereof **Oct. 27, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Syracuse, Missouri**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia, Missouri**

19. (a) **10-27-46** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1522 East 4th**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **27**  
year **46** hour **1** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **10-26-1946** to **10-27-1946**  
that I last saw him alive on **10-26-1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration \_\_\_\_\_

Due to **Birth Injury - hard fast labor**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **16/12**

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 **J. M. Rodiman** (M. D. or other) **M.D.**  
Address **Sedalia Mo** Date signed **10-27-46**

RECEIVED

District Health Officer No. 13,

District File Number \_\_\_\_\_

Date Filed 11-9-46

died 1:40 A.M. Oct-27

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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.....

*K.P. McLaughry*

Licensed Embalmer No. 31530

P. O. Address Bedford 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.