

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

33865

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 4 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 335

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes  
(Specify whether years, months or days)

In this community All of Life

3. (a) PRINT FULL NAME Thelma Lee McNeely

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / W

5. Color or race W

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

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

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

7. Birth date of deceased April 3, 1942  
(Month) (Day) (Year)

8. AGE: Years 5 Months 6 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl

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

MOTHER FATHER {

12. Name George McNelly

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

14. Maiden name Bernice Pierce

15. Birthplace Cape Girardeau, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant George McNeely

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 10/23/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 10-28-1947 (b) Ca G. Haman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(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 October day 21st  
year 1947 hour 8 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Shock - ~~Stroke~~

Due to Being struck by an automobile while crossing U.S. Highway 61

Due to to catch school bus.

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of 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) Accident - 115

(b) Date of occurrence Oct. 21, 1947

(c) Where did injury occur? Cape Girardeau Cape Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On U.S. Highway 61

While at work? No (Specify type of place)

(e) Means of injury Auto

23. Signature D. J. F. Sigmond (If Director)  
Address Jackson, Mo. Date signed 10/23/47

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

16  
14

16  
14  
0

RECEIVED

Health Officer No. 4  
Number 1147-1380  
Date Filed 11-3-47

---

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 William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.**