

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

FILED JAN 22 1948

Registration District No. 43 Primary Registration District No. 5148 Registrar's No. 7

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL - POPLAR BLUFF Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. 6 1/2 mi. NE POPLAR BLUFF
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W. WALLIS McNEELY

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 MARRIED

6. (b) Name of husband or wife SARAH McNEELY 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. 8 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace ILL
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER, FATHER {

12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN 9

15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Riley

(b) Address RFD #3 Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof Dec 31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN Cem

18. (a) Signature of funeral director R. F. Phelps

(b) Address Poplar Bluff Mo

19. (a) 1-12-48 (Date received local registrar) (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from since 8-6 1944 to Dec 29 1947.
that I last saw him alive on April 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic, (from Artery given) Duration _____

Due to Hypertension (200/100 when seen then)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations CPA 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) _____

(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. L. Lusk (M. D. or other) _____

Address Poplar Bluff Mo Date signed 1/8/48

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

RECEIVED

RECEIVED

District Health Office No. 2,

District File Number 148-89

Date Filed 1-19-48

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 *N. J. Proff*

Licensed Embalmer No. 3231

P. O. Address *Paplan Bluff 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.