

No. 2  
13-40  
17-30  
223159

FILED MAR. 16 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11206

State File No. ....

Registration District No. 333

Primary Registration District No. 6115

Registrar's No. 35

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

1. PLACE OF DEATH: At home Scott  
 (a) County Scott  
 (b) City or town R.F.D. Sikeston #3  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: West 2nd Ave 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution —  
 In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Scott Mo  
 (a) State Mo. (b) County Stoddard  
 (c) City or town Rural Sikeston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #3  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME RAY HOWARD McNEAL  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. —

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 3 day 1  
 year 1948 hour 1 minute 00 A.M.

4. Sex Male 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: Jan 18 1948  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from — 19— to — 19—;  
 that I last saw him alive on — 19—;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Suffocation  
This certificate is  
another held by  
 Due to —

8. AGE: Years — Months 1 Days 13  
 If less than one day — hr. — min.  
 9. Birthplace Sikeston Mo. 11  
 (City, town, or county) (State or foreign country)

Due to —  
 Other conditions (include pregnancy within 3 months of death) —  
 Major findings: Sikeston Mo - 3-2-48  
 Of/operations —

10. Usual occupation Baby  
 11. Industry or business —  
 12. Name Raymond McNeal  
 13. Birthplace Danland Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mertis Ungheres  
 15. Birthplace Fulton Co. Miss  
 (City, town, or county) (State or foreign country)

Of autopsy —  
 22. If death was due to external causes, fill in as follows:  
 (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? —

16. (a) Informant Carl McNeal  
 (b) Address Sikeston Mo RFD #3  
 17. (a) Burial (b) Date thereof 3-2-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hayes Cemetery East Mo  
 18. (a) Signature of funeral director Wesley Funeral Home  
 (b) Address Sikeston Mo  
 19. (a) 3-9-48 (b) Mr. T. P. Henry  
 (Date received local registrar) (Registrar's signature)

23. Signature E. J. Niensstedt M.D. (M. D. or other)  
 Address Sikeston Mo Date signed 3-2-48

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

RECEIVED

District Health Office No. 2,

District File Number 348-3

Date Filed 3-9-48

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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Raymond Lewis*

Licensed Embalmer No. *3467*

P. O. Address *Sikeston 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.

Registration District No. 323

Primary Registration District No. 6115

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

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ray H. McNeal

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

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

4. Sex m

5. Color or race w

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

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

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

7. Birth date of deceased: Jan 18 (Month) 18 (Day) 1948 (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day, \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) mo

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

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

MOTHER FATHER {

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

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

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

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

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

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident ✓

(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 W. H. ... (M. D. or other) \_\_\_\_\_

Address W. H. ... Date signed 3-26-48

SUPPLEMENTARY

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

S-11206