FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 27 1948

Registration District No. 132

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5476

State File No. 22941

Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Rural - Lincoln Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Hiway 65 - Abt 5 mi north of Trenton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68 yrs old (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Rural Lincoln Twp. (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1, Trenton Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest B McVeigh
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elva McVeigh
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov. (Month) 20 (Day) 1875 (Year)

8. AGE: Years 72 Months 7 Days 20 If less than one day — hr. — min.

9. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Asa McVeigh
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Margaret N. Thompson
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Elva McVeigh
(b) Address Route #1, Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Proctor Cem. Trenton Mo.
18. (a) Signature of funeral director Rayne A Davis
(b) Address Trenton Mo.
19. (a) 7-12-48 (Date received local registrar) (b) Irene Fair (Registrar's signature) 11.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1948 hour 6:45 minute P 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 Crushing Injuries to Head & Chest & Broken neck
Auto Accident through no
Due to Criminal negligence
Due to Accident Hassaneen on Hiway #65 - 3 mi south of
Other conditions 4 Tinball
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 40
(b) Date of occurrence 7-10-48
(c) Where did injury occur? Grundy (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hiway #65 - 5 mi north of Trenton (Specify type of place)
While at work? No (e) Means of injury 2
23. Signature Rayne A Davis Corona Inq Co (Name or other)
Address Trenton Mo. Date signed 7-11-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Call, with [illegible]

DISTRICT HEALTH 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 Myself Registered Apprentice No. working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.