

Registration District No. 200

Primary Registration District No. 2725

Registrar's No. 350

1. PLACE OF DEATH:

(a) County Macon - Hudson
 (b) City or town Rural Hudson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Still-Hildreth San. D
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 yrs 11 mo
 (Specify whether years, months or days)
 In this community 25 yrs 11 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State New York
~~MINNESOTA~~ (b) County Unknown 999
 (c) City or town New York 33
~~MINNESOTA~~ (If outside city or town limits, write "RURAL")
 (d) Street No. Unknown 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Robert McNally

3. (b) If veteran, name war World War I
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased Feb. 1893
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 4 26 hr. min.

9. Birthplace New Richmond Wisconsin
 (City, town, or county) (State or foreign country)

10. Usual occupation Magazine Publishing

11. Industry or business _____

MOTHER - FATHER {

12. Name William F. McNally
 13. Birthplace St. Croix Wisconsin
 (City, town, or county) (State or foreign country)
 14. Maiden name Estella Murphy
 15. Birthplace St. Joe Wisconsin
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. F. McNally
 (b) Address New Richmond, Wisconsin

17. (a) Removal (b) Date thereof July 2, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Richmond, Wisc.

18. (a) Signature of funeral director Albert R...

(b) Address Macon, Missouri

19. (a) 7-15-48 (b) Pat M. Neely
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
 year 1948 hour 1 minute 45 A.M.
 21. I hereby certify that I attended the deceased from JAN 3rd
1925, to July 2, 1948

that I last saw him alive on July 1, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma
 Duration 2 yrs

Due to _____

Due to _____

Other conditions Arteriosclerosis 26 yrs
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations H&P
 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?

(Specify type of place) _____
 While at work? _____ (e) Means of injury 2

23. Signature F. M. Still (Date) July 2
 Address Macon, Mo Date signed July 2 1948

6781 113 700

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..... *Albert Skinner*
Licensed Embalmer No..... *737*
P. O. Address..... *Macon MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.