No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 100

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3018

State File No. 36049

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Dent

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

(c) Name of hospital or institution: None 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

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

(d) Street No. ____ 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME John Smith McNeill

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife none

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

7. Birth date of deceased November 16 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	0	9	____ hr. ____ min.

9. Birthplace Dent County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ____

FATHER
12. Name Malcolm McNeill
13. Birthplace ____ Tenn 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline McNeill
15. Birthplace ____ Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mark McNeill
(b) Address Salem, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/48
(Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director [signature]
(b) Address Salem, Missouri

19. (a) Dec. 2-48 (Date received local registrar) (b) M. M. Hart M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 25
year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 11-11-48, 1948 to 11-24-48, 19__;
that I last saw him alive on 11-24-48, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	[illegible]
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 ____

23. Signature [signature] (M. D. or other) MD

Address Salem, Mo. Date signed 12/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-6-48
Dist. Health Officer No. 5,
Date Filed 12-6-48
Number 1248744

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.