FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1949

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39261

Primary Registration District No. 5076

Registrar's No. 56

1. PLACE OF DEATH:
(a) County: Atchison
(b) City or town: Rural South Clark
(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 years, months or days)
In this community: 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison
(c) City or town: ✓ (If outside city or town limits, write "RURAL")
(d) Street No.: 5 Mi South of Fairfax (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: James Ernest McNeal
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: Josephine Holston McNeal
(c) Age of ~~husband~~ or wife if alive: 62 years
7. Birth date of deceased: June (Month) 19 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	25	hr. min.

9. Birthplace: Watson (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Painter
11. Industry or business: ✓
12. Name (FATHER): William M. McNeal
13. Birthplace: Unknown (City, town, or county) Tenn (State or foreign country)
14. Maiden name (MOTHER): Laura Jane Taylor
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Mrs. J. E. McNeal
(b) Address: Fairfax, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Milton Cemetery, Fairfax
18. (a) Signature of funeral director: Marvin A. Schooler
(b) Address: Fairfax, Mo.
19. (a) 12-20-48 (Date received by local registrar) (b) Betty Crabtree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 14 year: 1948 hour: ____ minute: ____ M.
21. I hereby certify that I attended the deceased from 11-15, 1948 to 12-14, 1948 and that I last saw him alive on 11-24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	10"
Due to: Cachexia	6 mos
Due to: Tuberculosis, Pulmonary	2 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 13B
Of autopsy:

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):
(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? No (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: [illegible] (M. D. or other) M.D.
Address: Fairfax, Mo. Date signed: 12/20/48

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(Licensed Embalmer's Statement on Reverse Side)

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

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 Ashley R. Tucker Registered Apprentice No. 478 working under my personal supervision.

Signed Marvin H. Schooler

Licensed Embalmer No. 4164

P. O. Address Fairfax Missouri

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.