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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42293

FILED JAN 4 1949

State File No. \_\_\_\_\_

Registration District No. 365

Primary Registration District No. 6239

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Washington

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

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

(d) Length of stay: In-hospital or institution 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. 1 mile south of Caledonia  
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Leslie McNail

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex 0 male 5. Color or race white

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

6. (b) Name of husband or wife Sallie McNail 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 3 1885  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6-10-1948 to 12-12-1948  
that I last saw him alive on 12-10-1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 8 9 hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive cardio-vascular renal disease

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

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

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

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation retired

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

MOTHER FATHER { 12. Name Joseph McNail

{ 13. Birthplace Reynolds County Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Shreve

{ 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.L. McNail

(b) Address Caledonia Missouri

17. (a) burial (b) Date thereof 12-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address Ironton Missouri

19. (a) 12-20-48 (b) Edna White  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fall

23. Signature Ed S. Wallace (M. D. or other) \_\_\_\_\_  
Address Patton, Mo Date signed 12/16/48

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

REVISED

Officer No. 4  
149-14  
Date 1-3-49

**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 Carroll J. White

Licensed Embalmer No. 3012

P. O. Address Swanton, N.C.

**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.**