

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1950

State File No. _____

BIRTH NO. 3117-50 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Braggadocio</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Braggadocio Twp.</u>	
c. LENGTH OF STAY (In this place) <u>1 day 15 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Braggadocio, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Jerry</u>	b. (Middle)	c. (Last) <u>McNeil</u>	(Month) <u>January</u>	(Day) <u>3</u>	(Year) <u>1950</u>

5. SEX <u>M. Negro</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 1, 1950.</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 12 HRS. Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pemiscot Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mayweather McNeil</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Sue Jeffries</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mayweather McNeil</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Jan 3, 1950, that I last saw the deceased alive on Jan. 1, 1950, and that death occurred at U.S.A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. B. Farnsworth, D.O.</u>	(Degree or title) <u>123b. ADDRESS</u> <u>Braggadocio, Mo.</u>	23c. DATE SIGNED <u>1-3-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>In yard at home</u>	24d. LOCATION (City, town, or county) (State) <u>Braggadocio Twp. Pemiscot Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-50</u>	REGISTRAR'S SIGNATURE <u>John J. Germano</u>	466	25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780

1-50-25

JAN 11 RECD

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 _____

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.