

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC 2. Wks</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PACIFIC-RURAL-MERAMEC</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>RFD #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u>			

3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>FRANCIS M</u> c. (Last) <u>McNAMEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 20 1950</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2/2/1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR: Months <u>10</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>		11. BIRTH PLACE (State or foreign country) <u>PACIFIC JEFFERSON COUNTY MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GEORGE McNAMEE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH TRAYNOR</u>		14. NAME OF HUSBAND OR WIFE <u>MARY A. EARLY</u>	
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Paichal, St. Joseph's Hill</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SENILE BRONCHIAL</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PNEUMONIA</u>		
	DUE TO (c) <u>CARDIAC</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>INSUFFICIENCY</u>		<u>491X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 4, 1950, to DEC. 18, 1950, that I last saw the deceased alive on DEC. 18, 1950, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>4323 ROLAND DRIVE</u>		23c. DATE SIGNED <u>12/20/50</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>R.I.D. Cantonville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/30/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	438	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____		

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-3-51

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

working under my personal supervision.

Signed.....
Student Embalmer

Signed *J. L. Sheehan*
Student Embalmer No.
Licensed Embalmer No. *3008*

P. O. Address *Pauline, 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.