

Registration District No. 491

Primary Registration District No. 5656

Registrar's No.

57

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

1. PLACE OF DEATH:

(a) County Lincoln Clark Twp
(b) City or town Moscow Mills Rural
(c) Name of hospital or institution Moscow Mill Mo Rural
(d) Length of stay: In hospital or institution 2
In this community 254
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Moscow Mill Rural
(d) Street No. 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Elmer E McNealy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased Feb 23 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Moscow Mills Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name John McNealy
13. Birthplace Southway Virginia
14. Maiden name Ony
15. Birthplace Southway
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Meyer
(b) Address Moscow Mills Mo

17. (a) Moscow Mills (b) Date thereof Jan 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Park

18. (a) Signature of funeral director W. E. Pittman
(b) Address Wentville Mo. 4401

19. (a) 1-27 (b) Mrs Pearl Mueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1st 1939 to Jan 27 1940
that I last saw him alive on Jan 26 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris

Due to _____
Due to 94 W
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature RC McMillan (M. D. or other) _____
Address Fossil Date signed 1-27-40

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 T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville 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, above space should be left blank.