

Registration District No. 709

Primary Registration District No. 5972

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution:
4 miles South of Flemington, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community short time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country USA

3. (a) PRINT FULL NAME George Walker McNeely

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1942 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from Oct 25, 1942, to Nov 26, 1942, that I last saw him alive on Nov 26 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased: May 4, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage

Due to _____

Due to _____

9. Birthplace Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name James Franklin McNeely

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Esty Maldivia

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

16. (a) Informant James McNeely

(b) Address Edrich, Mo Route 41

17. (a) Burial (b) Date thereof Nov 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Chapel Cemetery

18. (a) Signature of funeral director Edward B. Erwin

(b) Address Pademille, Mo.

19. (a) Nov 29, 1942 (b) James E. Thayer
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) Ja!

Major findings:
Of operations _____

Of autopsy _____

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 Rose C Neuns (M. D. or other) M.D.

Address Pademille Mo Date signed 11-27-42

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1229

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1277
Date Filed 12-7-42

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 William B. Erwin
Licensed Embalmer No. 3094
P. O. Address Baltimore, Md.

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.