V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECD MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13746

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 417

1. PLACE OF DEATH:

(a) County: Buchannan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1901 Angelique
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one
In this community: Over 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchannan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1901 Angelique
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Emma. ~~McNeair~~ McNEAIR

3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: unk. Mcneain
6. (c) Age of husband or wife if alive: unk. years

7. Birth date of deceased: Jan. (Month) II (Day) 1877 (Year)

8. AGE: Years 66 Months I Days 27 If less than one day hr. min.

9. Birthplace: IOwa. (City, town, or county) / (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: None

MOTHER FATHER
12. Name: Lincoln Carriger
13. Birthplace: Andrew Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Hollis
15. Birthplace: Meritts Springs MO. (City, town, or county) (State or foreign country)

16. (a) Informant: Mable Cariger
(b) Address: 711 Albemarle St. St Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. II/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Mora
18. (a) Signature of funeral director: Ramsey Sam'l
(b) Address: 1602 Messanie Street. St Joseph Mo
19. (a) 3-11-43 (Date received local registrar) (b) Rose Hegy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 8th. year: 1943 hour: I minute: 45 A. M.

21. I hereby certify that I attended the deceased from 14 Nov., 1942 19..., to 8th March, 1943; that I last saw her alive on 6th March, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Endocarditis	4Mo.
Due to: Senility	1Yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operation: one
Of autopsy: None

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): None
(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? (Specify type of place)
While at work:
(e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: 1908 Messanie St Joseph Mo Date signed: 9 Mar 43

908

1250

(Licensed Embalmer's Statement on Reverse Side)

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 L. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1607 Mississippi

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.