

FILED AUG 10 1945
Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 666

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
342 Christopher
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 48 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")

(d) Street No. 342 Christopher 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINTED FULL NAME Farmest Lee McNeal

3. (b) If veteran, name war no

3. (c) Social Security No. 496-07-9804

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1945 hour 7 minute 15 A. M.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Hester McNeal

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 18 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 4, 1944
19____ to July 25 1945
that I last saw him alive on July 24 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 1 Days 7
If less than one day hr. _____ min. _____

Immediate cause of death Ad. Arteriosclerosis
Duration 1 yr.

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Auto Mechanic

Major findings: _____

Of operations 65

11. Industry or business Garage

Of autopsy _____

12. Name William Ivan McNeal

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

14. Maiden name Emma Dyer

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

16. (a) Informant Wm. G. McNeal

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 7-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) July 26 1945 (b) Lola M. Williams
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) md.

Address Warrensburg Mo. Date signed 7/25/45

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

MOTHER FATHER

FEB 25 1948

AUG 10 1945

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 J. Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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.