

FILED OCT 8 1947

Registration District No. 200

Primary Registration District No. 3042

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:  
500 High St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

(c) City or town Fredericktown 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 500 High Street 1  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Henry McNeese

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to 9/23 1947 that I last saw him alive on Sept 20 1947 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 married

6. (b) Name of husband or wife Anna McNeese 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 29 1892  
(Month) (Day) (Year)

Immediate cause of death Tuberculosis of lungs 708 yrs

8. AGE: Years Months Days If less than one day

77 3 24 hr. .... min.

Due to .....

Due to .....

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

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

10. Usual occupation Laborer

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business .....

12. Name James McNeese

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

14. Maiden name UNKNOWN

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

16. (a) Informant S. J. McNeese

(b) Address Fredericktown, Missouri

17. (a) Burial (b) Date thereof 9/25/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silver Point Cemetery

18. (a) Signature of funeral director Webb - Adams

(b) Address Fredericktown, Mo.

19. (a) 9-29-1947 (b) Henry McNeese  
(Date received local registrar) (Registrar's signature)

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 M. H. Barron (M. D. or physician) 0

Address Fredericktown Date signed 9/27/47

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

RECEIVED

District Health Officer No. 4  
District File Number 1047-1283  
Date Filed 10-6-47

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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 Frederick Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.**