

FILED APR 6 1945

Registration District No. **5735015** Primary Registration District No. **5782**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo. Shawnee

(b) City or town Fruitland, Mo. Shawnee  
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Fruitland  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Addell McNeely

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife George McNeely 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec 25 1868  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 76 Months 2 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew A Caldwell

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

14. Maiden name Margaret Miller

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

16. (a) Informant George McNeely

(b) Address Fruitland, Mo.

17. (a) Burial (b) Date thereof 3-18-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plaquemine Hill

18. (a) Signature of funeral director J. H. Cravens

(b) Address Jackson, Mo.

19. (a) 3-20-1945 (b) Henry White  
(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Coroner

23. Signature Dr. J. F. Hammond (at D. or other)

Address Jackson, Mo Date signed 3/19/45

1328

RECEIVED

District Health Officer No. 4

District File Number 445-416

Date Filed 4-5-45

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address. Lutesville, 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.