

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8108
 Do not use this space.

REC'D MAR 24 1938

1. PLACE OF DEATH *St. Louis*
 (a) County Pollock Nursing Home Registration District No. 96789
 (b) Township 501 Carson Ave. Primary Registration District No. 807 Registered No. 284
 (c) City Ferguson Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John McClanahan 245
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Payne McClanahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	78	9	4	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Mo.

FATHER 13. NAME Hedge McClanahan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Holloway
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Kinsey Burr
4475 Wash Line
 18. BURIAL, CREMATION, OR REMOVAL PLACE Milian Mo. DATE 2-12-38

19. FUNERAL DIRECTOR (ADDRESS) Alexander Dues
617 S. Delmar Blvd.

20. FILED 2-11 1938 TR Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1937, to Feb. 10 1938
 I last saw him alive on Feb 10 1938 Death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
chronic myocarditis
arteriosclerosis
 Date of onset 2-9-38

Other contributory causes of importance: Chc. Sphilitis 97C

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) W. B. Stubble, M. D.
 (Address) 2000 E. Grand.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)