

1938 SEP 16 1938

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

28298
Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township _____ Primary Registration District No. 3006 Registered No. 194
 (c) City Columbia (d) Street No. 311 Sexton Rd. 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 MARY ALMIRA McCLANAHAN 45
 (a) Residence, No. 311 Sexton Rd. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. M. McClanahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-2-1852

7. AGE YEARS 86 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

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) Andrew County Missouri

FATHER 13. NAME Thomas Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elizabeth Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Frankie McClanahan Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cloud DATE 8-21-1938

19. FUNERAL DIRECTOR (ADDRESS) Parker's Columbia Mo.

20. FILED 9/11 1938 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1938 to 8-19-1938. I last saw him alive on 8-?, 1938. Death is said to have occurred on the date stated above, at 9 P. m. The principal cause of death and related causes of importance were as follows:
Malignant Stomach Date of onset Do not know
H610

Other contributory causes of importance:
Old age

Name of operation None Date of _____
 What test confirmed diagnosis: None Was there an autopsy? _____

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? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

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 _____
 (Signed) W. D. D. D. M. D.
 (Address) Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, W. N. McPherson, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. N. McPherson
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision. Signed W. N. McPherson
Licensed Embalmer No. 3893

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.)