REC'D NOV 21 1938

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

34963
Do not use this space.

1. PLACE OF DEATH
(a) County Adair — Registration District No. 4
(b) Township — Primary Registration District No. 3001 — Registered No. 197
(c) City Kirksville 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie McClanahan
(a) Residence, No. Linneus Mo. St.
(Usual place of abode, if no street address, write county or city) (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1869

7. AGE: Years 69 — Months 8 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Education
9. Industry or business in which work was done, as saw mill, bank, etc. Teacher
10. Date deceased last worked at this occupation (month and year) Oct. 1, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Mo. 0

FATHER
13. NAME Samuel N. McClanahan 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo. 1

MOTHER
15. MAIDEN NAME Martha Sebring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Ohio.

17. INFORMANT James B. McClanahan
(ADDRESS) 803 S. Florence, Kirksville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stukey Cem. DATE II/6/38, 19

19. FUNERAL DIRECTOR (NAME) Davis Funeral Home
(ADDRESS) Kirksville Mo.

20. FILED Nov. 5, 1938 Spencer Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938, to Nov 4, 1938
I last saw h.. alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Aplastic Anemia — Date of onset 8-1-38
N/A
Other contributory causes of importance:
Name of operation None — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. Alexander M.D.
(Address) Kirksville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-414
Date Filed 11/14/38

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 Clyde Taylor

Licensed Embalmer No. 2671

P. O. Address Kirksville Mo

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

If this body is not embalmed, above space should be left blank.