

DEC 1 1938

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

40212

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775

(b) Township Boonville Primary Registration District No. 6022-A Registered No. 87

(c) City Boonville (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles E. McClanahan

(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) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1926

7. AGE YEARS 12 MONTHS 8 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

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

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) Cluiss Mo.

13. NAME Charles E. McClanahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cluiss Mo.

15. MAIDEN NAME Laura Wood

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

17. INFORMANT Lucille Francis (ADDRESS) Farming

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck DATE Nov. 15 1938

19. FUNERAL DIRECTOR Speck Ind. Co. (ADDRESS) Cluiss Mo.

20. FILED N.O.V. 14, 1938 M.W. Hawkins Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1938, to Nov. 13, 1938

I last saw him alive on 11/13/38 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:35 m.

The principal cause of death and related causes of importance were as follows:

In Tussusception of small intestine Date of onset 11/8/38

Other contributory causes of importance: None

Name of operation Laparotomy relief of intussusception Date of 11/11/38

What test confirmed diagnosis? Quintessence 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? \_\_\_\_\_ (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) David Ed Smith M. D.

(Address) Boonville Mo.

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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**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 comply with the above constitutes grounds for revocation of license.)**