

1269 JAN 24 1939

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

43279  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Howell Registration District No. 388  
 (b) Township Sisson Primary Registration District No. 5542 Registered No. 11  
 (c) City..... (d) Street No..... St.  
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME FESTUS SCOTT McLELLAND  
 (a) Residence, No. Route # 1. 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 Ella Kirsey  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1886  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 0 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE  
 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) Howell County Missouri;  
 FATHER 13. NAME W.W. McLelland  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina  
 MOTHER 15. MAIDEN NAME Mary Jane Stogdill  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.  
 17. INFORMANT Mrs. Lee Smith  
 (ADDRESS) West Plains, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.  
 PLACE West Plains, Mo DATE Dec. 18, 1938  
 19. FUNERAL DIRECTOR Thornburgh Funeral Home  
 (ADDRESS) West Plains, Missouri.  
 20. FILED Jan 10 19 38 Missouri Local Registrar. 959

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16th 19 38.  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 19 38 to 12/16/38, 19.....  
 I last saw h. im alive on Dec. 8th., 19 38 Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Myo-carditis, chronic, with  
Mytral stenosis.  
 Date of onset Undetermined.  
 Other contributory causes of importance:  
XXX  
 Name of operation None. Date of XX  
 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 at Thornburgh, M. D.  
 (Signed) at Thornburgh (Address) West Plains, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I, Hal Thornburgh, Licensed Embalmer No. 3408  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Hal Thornburgh  
Licensed Embalmer No. 3408

**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.)**