REC'D FEB 23 1939

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

2134
Do not use this space.

32

1. PLACE OF DEATH
(a) County Dekalb, Registration District No. 260
(b) Township Primary Registration District No. 3363 A Registered No.
(c) City Cameron. (d) Street No. 8th. & Main. 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 Clair Francis McClean.
(a) Residence, No. 8TH. & Main. 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: Male,
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1879.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	10.	26.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Architect
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) Dekaib Co, MO.

FATHER
13. NAME James E. McClean,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Ohio

MOTHER
15. MAIDEN NAME Corrinne Bassett.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine Wisconsin.

17. INFORMANT (ADDRESS) Mrs, J.E.McClean, Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton, Mo. DATE Jan. 16, 39

19. FUNERAL DIRECTOR (ADDRESS) Lyle C. Allen. Cameron, Mo.

20. FILED 1-15, 1939 T. L. McMahill Asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 14. 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Jan 13, 1939
I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 1A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Carbuncle from infected hair follicle back of neck.	12/29/38
54	
Other contributory causes of importance: Diabetes Mellitus	1933

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) C. Hampton DO, M.D.
235 (Address) Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

NOTE: 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, Lyle C. Allen, Licensed Embalmer No. 824

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 Lyle C. Allen

Licensed Embalmer No. 824

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