

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

3058
Do not use this space.

REC'D FEB 24 1939

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 3029 Registered No. 7
 (c) City Hannibal (d) Street No. St. Elizabeth Hospital 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 40 yrs. - mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 245 John McClenning St. (If nonresident, give city or town and State)
1905 Hope (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 Theresa Stephens McClenning
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1852
 7. AGE YEARS 86 MONTHS 9 DAYS 28 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Milton, Illinois

FATHER 13. NAME Nathaniel McClenning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Neva Wright
Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE January 1, 1939

19. FUNERAL DIRECTOR (ADDRESS) Ray Plschewitz
Hannibal, Missouri

20. FILED Jan 3, 1939 H. C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Dec 29, 1938.
 I last saw him alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Influenza
93 C
 Other contributory causes of importance:
Chronic myocarditis
Senility

Date of onset Dec. 12/21/38

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____

(Signed) A. B. Blue, M. D.
 (Address) Hannibal, 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.

DEC 15 1947

STATEMENT BY LICENSED EMBALMER

I, Ray P. Schwartz, Licensed Embalmer No. 1765
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ray P. Schwartz
Schwartz L. E.
No. 1765 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ray P. Schwartz
Licensed Embalmer No. 1765

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.)