REC'D APR 6 1939

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

12493
Do not use this space.

1. PLACE OF DEATH
(a) County Scott
(b) Township Commerce
(c) City Commerce (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 2 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 817
Primary Registration District No. 6666
Registered No. .....

2. PRINT FULL NAME David Patterson McClenahan
(a) Residence, No. ..... 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1876

7. AGE: Years 62 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Mo.

FATHER
13. NAME Peter B. McClenahan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co Mo.

MOTHER
15. MAIDEN NAME Maranda Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co Mo.

17. INFORMANT (ADDRESS) Daily McClenahan Commerce Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Damby Mo
PLACE Damby Cem. DATE 3-20 1939

19. FUNERAL DIRECTOR (NAME) Bispinghoff & Hubbard
(ADDRESS) Illmo, Mo.

20. FILED 3-31 1939 Addie Held
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/31 1939, to 3/13/39 1939
I last saw him alive on 3/13 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? none 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? none
(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) N. B. Lee, M. D.
(Address) Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X14029

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, Mamie Burpling Hoff, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Mamie Burpling Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo

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.)

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