

REC'D JUL 11 1939

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

21644  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86  
(b) Township Wayne Primary Registration District No. 5128  
(c) City or St. Joseph, Mo. (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 81 yrs. 5 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 42

2. PRINT FULL NAME Lafayette McClurg

(a) Residence, No. DeKalb, Missouri 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Sarah G. McClurg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME William McClurg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Lucinda Rice

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

17. INFORMANT Doyle D. Davis (ADDRESS) DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Mo. DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) Fleeman & Son, Inc. (ADDRESS) 1946 Calhoun, St. Joseph, Mo.

20. FILED June 12 1939 Myrtle M. Hancock Local Registrar. 861 (Address) De Kalb Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to May 24, 1939  
I last saw him alive on May 23, 1939. Death is said to have occurred on the date stated above, at 7 A. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 1938

Other contributory causes of importance: 121

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? renal test 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 \_\_\_\_\_ (Signed) E. B. McAdow, M. D.

WHILE LIVING, WITH OUPDING INVA... 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.

*Handwritten notes and scribbles at the top of the page.*

**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, or by

*Handwritten name: R. J. ...*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Minfred G. Schooley*

Licensed Embalmer No. *3909*

P. O. Address *St. Joseph, 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.**