

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

42857
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph. Primary Registration District No. 1001 Registered No. 1338
 (c) City St. Joseph. (d) Street No. St. Joseph's 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hugh Michael McLarney.
 (a) Residence, No. Hemple, 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary McLarney.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10, 1858.</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>2</u>	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer (Retired)</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farming.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1938.</u>		11. Total time (years) spent in this occupation <u>60 Yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster, New York.</u>				
FATHER	13. NAME <u>Charles McLarney.</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ireland.</u>				
MOTHER	15. MAIDEN NAME <u>Ellen Corrigan.</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ireland.</u>				
17. INFORMANT (ADDRESS) <u>William McLarney, Hemple, Missouri.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph's Cem. Easton, Mo.</u> DATE <u>Jan 2, 1940</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H.O. Sidenfaden & Son, 1802 Union St. St. Joseph Mo.</u>				
20. FILED <u>Jan. 7, 1940</u> <u>H. J. Mallebach</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Dec. 30, 1939</u>
22. I HEREBY CERTIFY, That attended deceased from <u>Dec 23 35 to Dec 25 39</u>	
I last saw <u>him</u> alive on <u>Dec 27, 1939</u>	Death is said to have occurred on the date stated above, at <u>7:50 A.M.</u>
The principal cause of death and related causes of importance were as follows: <u>Arterio Sclerosis</u> <u>59</u> <u>376</u>	
Other contributory causes of importance: <u>Arterio Sclerosis</u>	
Name of operation <u>Arterio Sclerosis</u>	Date of <u>376</u>
What test confirmed diagnosis <u>Arterio Sclerosis</u> Was there an autopsy? <u>no</u>	
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 of injury in any way related to occupation of deceased? If so, specify <u>Arterio Sclerosis</u> , M. D. (Signed) <u>Dr. Joseph M.D.</u> (Address) <u>St. Joseph Mo</u>	

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Robert P. Clarkson*

Licensed Embalmer No. 4028

P. O. Address 1802 Union St.

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.