

1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28883

Registration District No. 464

Primary Registration District No. 5626

Registrar's No. 6

FILED FEB 9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural - Washington
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 71 yrs. 9 Mo. 26 Days (Specify whether years, months or days) 746

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 6 Miles South East Odessa Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William Sherman McClure

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie M. Clure
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 10 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Lafayette Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name David M. Clure
13. Birthplace Unknown Unknown
(City, town, county) (State or foreign country)
14. Maiden name Sarah Ann Barker
15. Birthplace Unknown Unknown
(City, town, county) (State or foreign country)

16. (a) Informant Mrs. Carl Pallett
(b) Address Odessa Mo.

17. (a) Burial (b) Date thereof 1-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odessa Cem.

18. (a) Signature of funeral director Bliver Paul
(b) Address Odessa Mo.

19. (a) 1-6-40 (b) Wm E. M. Zoderlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1940 hour 12^{Am} minute _____ M.

21. I hereby certify that I attended the deceased from 10-5-40
1-6, 1938 to 10-6, 1940
that I last saw him alive on April 12-37, 1937
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to 44 A.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

Duration 3 months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W E Martin (M. D. or other) _____
Address Odessa Mo Date signed 1-20-40

RECEIVED
District Health Officer No. 8,
District File Number 17/40
Date Filed

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. 178

working under my personal supervision.

Signed Ben C. Blinco

Licensed Embalmer No. 1836

P. O. Address Odriss 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.