

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
The Callaway Hospital
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 weeks
 (Specify whether
 In this community Life
 years, months or days 2 1/2)

8. (a) PRINT FULL NAME Katie Smith McClure

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. J. McClure 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 26 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Pike County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 { 12. Name James Smith
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Algera James
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. H. Johnson

(b) Address 214 N 5th St Charles Mo

17. (a) Burial (b) Date thereof Feb 24, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Geo. H. Wallace

(b) Address Fulton, Missouri

19. (a) Feb. 24, 1940 (b) R. N. Crewe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 719 Jefferson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
 year 1940 hour 11 minute 12 A. M.

21. I hereby certify that I attended the deceased from Nov 13, 1939 to Feb 23, 1940
 that I last saw her alive on Feb 23, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of head of Pancreas Duration 3 months

Due to _____

Due to Hb

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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 H. J. Owen (M. D. or other) !

Address Fulton Mo Date signed _____

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 *William Simpson*.....

Licensed Embalmer No. *3965*.....

P. O. Address *Sutton, Ma.*.....

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.