

FILED MAR 15 1940

Registration District No. 025

Primary Registration District No. 5-827

State File No.

Registrar's No. 10

1. PLACE OF DEATH:

(a) County. Nodaway
 (b) City or town. Maryville (Rural Polk Twp)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 45 yrs.
years, months or days)

8. (a) PRINT FULL NAME CORA LOUISE McCLURG

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 married.

6. (b) Name of husband or wife John Robert McClurg 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept. 17 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Sadler

13. Birthplace Greencastle Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Swinford

15. Birthplace Greencastle Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant John R. McClurg

(b) Address Maryville Mo

17. (a) Burial (b) Date thereof Feb. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation white oak

18. (a) Signature of funeral director, John W. Price

(b) Address Maryville Mo.

19. (a) Mar 5-1940 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
 (c) City or town Maryville (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 miles north 1 1/2 mi E. of Maryville
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
 year 1940 hour 11 minute 45 a. m.

21. I hereby certify that I attended the deceased from June 1934
 19 _____ to Feb 1st 19 40
 that I last saw h. alive on Feb 1st 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of lungs. Duration 3 mos

Due to adeno. carcinoma of breast 4-10
metastatic carcinoma of breast

colostomy done June 1936

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

PHYSICIAN
 Major findings: _____
 Of operations _____

Of autopsy _____
 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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
55th (Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature J. Ryan (M. D. or other) _____

Address Maryville Mo Date signed 2.3.40

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

RECEIVED
District Health Officer No. 11,
District File Number 340-375
Date Filed MAR 14 1940

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 John W. Price
Licensed Embalmer No. 3229
P. O. Address Maryville 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.