DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17737

Registration District No. 4 Primary Registration District No. 2001 Registrar's No. 110

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

X21492

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Laughlin Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours (Specify whether In this community years, months or days) O.K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Rural (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MRS THEO McCLANAHAN 245

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife T. S. McClanahan

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January (Month) 3 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
61	4	8	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J. P. Greenstreet
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mollie Bradley
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant T. S. McClanahan

(b) Address Ethel, Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Helton

18. (a) Signature of funeral director W. H. McCollum & Sons

(b) Address South Gifford, Mo

19. (a) May 13, 1940 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11 year 1940 hour 5 minute 17 A M.

21. I hereby certify that I attended the deceased from MAY 10, 1940, to MAY 11, 1940; that I last saw her alive on MAY 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
INTESTINAL OBSTRUCTION	5 DAYS
Due to PROBABLE CAUSE — MESENTERIC THROMBOSIS —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 99 W
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Earl Laughlin Jr (M. D. or other) D.O.

Address Kirksville, Mo Date signed 5-11-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1262
Date Filed JUN 13 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 W. H. McCallum, Registered Apprentice No. ..... working under my personal supervision.

Signed W. H. McCallum
Licensed Embalmer No. 2052
P. O. Address South Gifford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.