

FILED JUN 14 1940
Registration District No. 728

Primary Registration District No. 5961

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls, Clay
(b) City or town (Rural) Sparta Township
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: 20 yrs. (Specify whether years, months or days)

In this community 20 yrs.

3. (a) PRINT FULL NAME Hugh E. McCune. 256

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evangel L. Stilwell. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March, 18, 1857.
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer.

11. Industry or business Farm.

MOTHER FATHER { 12. Name Samuel McCune.

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

14. Maiden name Mary Jane Emerson.

15. Birthplace New London, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. C. McCune

(b) Address Pokatella, Idaho.

17. (a) Burial (b) Date thereof 4/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London, Mo.

18. (a) Signature of funeral director Conrad W. [Signature]

(b) Address Center, Missouri.

19. (a) April 19 (b) Mary M. Short
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls,

(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 12:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1940 to April 16, 1940

that I last saw him alive on April 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary Tuberculosis

Due to _____

Influenza

Due to _____

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

Major findings: _____
Of operations _____

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? _____

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

23. Signature H. P. Waters (M. D. or other) _____

Address New London, Mo Date signed 4-17-40

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.

RECEIVED

District Health Officer No. 10

District File Number 6-40-115-4

Date Filed JUN 7 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

Clyde C. Wilkey

Licensed Embalmer No.

3820

P. O. Address

Perry, 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.