

MAILED JULY 15 1940

Registration District No. _____

Primary Registration District No. 5684

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Dawn
(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 54 years
years, months or days

3. (a) PRINT FULL NAME George Washington McCloughan
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 Rosana McCloughan
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 28 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 27 hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business Drygoods Merchant

MOTHER FATHER { 12. Name Charles McCloughan
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Smith
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. G. W. McCloughan

(b) Address Dawn, Missouri

17. (a) Burial (b) Date thereof 6-27-'40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica (Mo.) Cem.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Mo.

19. (a) June 2, 1940 (b) Peressa C. Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Dawn
(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 June day 25th
year 1940 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 1940 to June 25, 1940
that I last saw him alive on June 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction following thrombotic stroke
Due to hypertension - aged
phlebitis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 122

Major findings: Of operations Strangulated
thrombotic stroke
Of autopsy none

Duration

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? _____

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

23. Signature Spes Moore (M. D. or other) _____

Address Quedow Mo Date signed 6-27-40

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
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. 11;

District File Number 740-1179

Date Filed JUL 11 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.....

Elton F. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman
Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.