

SEP 3 1940
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29932

State File No.

Registration District No. 865

Primary Registration District No. 6143

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Cass
(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) 2

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 48 yrs _____ (Specify whether)

years, months or days with

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas

(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 Matilda Jane McClure

(b) If veteran, name war _____

(c) Social Security No. Blind pensioner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21

hour 4:5 minute a.M.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Abe McClure

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

7. Birth date of deceased Feb 5 1840
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MAR 7 1936 to JULY 21 1940

that I last saw ER alive on JULY 19 1940

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

100 8 16 _____ hr. _____ min.

Immediate cause of death CACHEXIA

Due to CARCINOMA OF STOMACH.

9. Birthplace Russell Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

11. Industry or business _____

MOTHER FATHER { 12. Name Elijah Price

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

14. Maiden name Rachel Fleener

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

Major findings: Of operations 46

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Martha Walters

(b) Address Simmons Mo

17. (a) Burial (b) Date thereof July 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Raymond V. Elliott

(b) Address Calvert Mo

19. (a) 7-28-40 (b) Mrs Lou McMillin
(Date received local registrar) (Registrar's signature)

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)

(a) Means of Injury _____

23. Signature M. D. Williams (M. D. or other) M. D.

Address HOUSTON Date signed 7-23-40

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

RECEIVED

District Health Officer No. 5,

District File Number 840871

Date Filed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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