

No. 2  
13-40  
17-39  
K23159

LEO JAN 10 1941

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 206

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rea (If outside city or town limits, write "RURAL" and name of township) 1st Dist. Mo.

(c) Name of hospital or institution: 1/4 mi. West of Rea Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 10 yrs.

3. (a) PRINT FULL NAME HUGH HARTMAN McCLURG

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ida Ellen McClurg 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 24 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business \_\_\_\_\_

12. Name Thomas Lockard McClurg

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

14. Maiden name Emily Russell

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

16. (a) Informant Orville McClurg

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Dec 24 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery, Maryville

18. (a) Signature of funeral director John W. Pube

(b) Address Maryville Mo.

19. (a) Dec 28 1940 (Date received local registrar) (b) Mrs E C Jefferies (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Andrew

(a) State Mo. (b) County Andrew

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

(d) Street No. 1/4 mi. West. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 7, 1940 to Dec 24 1940 that I last saw him alive on Dec 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cerebral Sclerosis

Due to \_\_\_\_\_

Other conditions 94 lb (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (f) Means of injury \_\_\_\_\_

23. Signature E. B. Black (M. D. or other) Address Spring City, Mo Date signed 12/24/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**