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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 165

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5234

State File No. 10352

Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural - Washington
(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 years, months or days): all of life
In this community: all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Rosa Belle Maxine McClelland

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

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stanley McClelland
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 9 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
17	2		hr. min.

9. Birthplace: Cedar Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation:
11. Industry or business: Housewife
FATHER
12. Name: C. F. Berry
13. Birthplace: Cedar Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Nellie Copland
15. Birthplace: Cedar Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Stanley McClelland
(b) Address: Dunnegan Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Lindley Prairie
18. (a) Signature of funeral director: W. S. Davis & Co
(b) Address: Stockton Mo
19. (a) 3-10-41 (Date received local registrar) (b) Mrs. Minnie Carleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1941 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from Feb. 11, 1941, to March 9, 1941; that I last saw her alive on Mar. 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 13 f
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: 0

23. Signature: Wm B. Richter (M.D. or other)
Address: Stockton, Mo. Date signed: 3-10-41

423 (Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

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

No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10352

Registration District No. 165 Primary Registration District No. 5234 Registrar's No.

1. PLACE OF DEATH:
(a) County Cedar
(b) ~~City or town~~ Washington T 18
(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 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa Belle Maxine McClelland
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 17 Months 2 Days If less than one day hr. min.
9. Birthplace Cedar Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace Cedar Co. (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace Cedar Co (City, town, or country) Missouri (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-10-41 (Date received local registrar) (b) Mrs Minnie Carleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm B Buckles (M. D. or other)
Address Stockton Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

SUPPLEMENTARY

S-10351 1941

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 wi the above constitutes grounds for revocation of license.)

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

No. 2B
-8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 165 Primary Registration District No. 5234 Registrar's No. 14

1. PLACE OF DEATH

(a) County: Cedar

(b) City or town: Rural Washington
(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 years, months or days)

In this community: all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Rosa Bell Maxine McClelland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: Stanley McClelland

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

7. Birth date of deceased: Jan. (Month) 9 (Day) 1924 (Year)

8. AGE: Years 17 Months 2 Days If less than one day hr. min.

9. Birthplace: Cedar Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: C. F. Berry

13. Birthplace: Cedar Co. (City, town or county) Mo. (State or foreign country)

14. Maiden name: Nell Copland

15. Birthplace: Cedar Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Stanley McClelland

(b) Address: Dunnegan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Lingley Prairie

18. (a) Signature of funeral director: W. E. Davis Jr.

(b) Address: Stockton, Mo.

19. (a) 3-10-41 (Date received local registrar) (b) Mrs. Minnie Carleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. Day 9 year 1941 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 11 1941 to Mar. 9 1941; that I last saw h. alive on Mar. 9 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3 months

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: B L

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)

(b) 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: Wm. E. Richter (M. D. or other)

Address: Stockton, Mo. Date signed 3-10-41

SUPPLEMENTARY

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