

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Hoover

State File No. 14552

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 325

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County. GREENE
 (b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 649 S. Jefferson
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Margaret McClernon
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16
 year 1941 hour 11 minute 20 pm.

4. Sex Female Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Henry McClernon
 (c) Age of husband or wife if alive Unknown years

21. I hereby certify that I attended the deceased from Jan 1 1941, to April 16 1941,
 that I last saw her alive on April 16 1941,
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 14 1879
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
61 7 2 hr. min.

Immediate cause of death terminal picture of uremia, toxemia and decline, with general edema
Due to cirrhosis of liver (small hot-nail type)
 Duration 12 1/2
 Due to _____

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

Other conditions terminal nephritis, uremia
(Include pregnancy within 3 months of death)
jaundice

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Frank Fox
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy Cirrhosis of liver
hot-nail small variety

16. (a) Informant Henry McClernon
 (b) Address Springfield, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof April 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary

(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? 9 1/2

18. (a) Signature of funeral director H. H. Lohmeyer
 (b) Address Springfield, Mo.

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

19. (a) 4-19-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

23. Signature A. F. H. H. H. (M. D. or other) 11
 Address Springfield, Mo. Date signed 4/19/41

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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, fact should be so stated above.