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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAY 23 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15335

Registration District No. 623 623 Primary Registration District No. 437A 4374 Registrar's No. 0

1. PLACE OF DEATH:  
(a) County. Nodaway  
(b) City or town. Guilford  
(c) Name of hospital or institution:  
not in hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. —  
(Specify whether  
In this community. All life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Nodaway 74  
(c) City or town. Guilford 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. —  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country — 0

3. (a) PRINT FULL NAME John M McClanahan M.D.  
3. (b) If veteran. Not a veteran name war. —  
3. (c) Social Security No. —

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day ninth  
year 1941 hour 12.20 minute A M.  
21. I hereby certify that I attended the deceased from April 7th  
1941 19. to April 9th 19. 41  
that I last saw him alive on April 9th 19. 41  
and that death occurred on the date and hour stated above.

4. Sex. Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of ~~husband~~ or wife. Leonora M McClanahan  
6. (c) Age of ~~husband~~ or wife if alive. 67 years  
7. Birth date of deceased. August 12 1859  
(Month) (Day) (Year)

Immediate cause of death. Chronic Valvular disease of heart  
Duration 2 yrs

8. AGE: Years Months Days If less than one day  
81 7 28 — hr. — min.

Due to Diabetes and enlarged prostate  
Due to —

9. Birthplace Nodaway County, Mo. 0  
(City, town, or county) (State or foreign country)

Other conditions — 61  
(Include pregnancy within 3 months of death)

10. Usual occupation Physician & Surgeon  
11. Industry or business Medical Practice

Major findings: —  
Of operations —  
Of autopsy —  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Adam S McClanahan  
13. Birthplace Cooper Co., Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Chandler  
15. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

16. (a) Informant W D McClanahan  
(b) Address Guilford, Mo.

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? —

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4. 10. 41  
(Month) (Day) (Year)  
(c) Place: burial Guilford, Mo.

(Specify type of place)  
While at work? 554 (e) Means of injury —

18. (a) Signature of funeral director C C Reynolds  
(b) Address Guilford, Mo.  
19. (a) 4.9.41 W D McClanahan  
(Date received local registrar's certificate) (Registrar's signature)

23. Signature W D Barnett (M. D. or other) —  
Address Guilford, Mo. Date signed 4.9.41

(Licensed Embalmer's Statement on Reverse Side)

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

1941  
59

MAY 17 1944

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

*L. H. Phillips*

Licensed Embalmer No.

1898

P. O. Address

*Strawberry, N.C.*

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.