

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 490

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:
1501 E. Lombard
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1501 E. Lombard
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Bert P. McClaran

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dicy McClaran

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

7. Birth date of deceased: November 27, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>61</u>	<u>6</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Hutchison / Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Road Contractor

11. Industry or business Contracting

12. Name Howell McClaran

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

14. Maiden name Ellie Burke

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

16. (a) Informant Mrs. Dicy McClaran

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 6/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Park

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri 1844

19. (a) 6-16-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1941 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 19, 1940 to June 13, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 5 years
Hypertension 46

Other conditions: (Include pregnancy within 3 months of death)
Carcinoma of Colon

Major findings: Jaundice

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Herbert Coffelt (M. D. or other) _____
Address Springfield, Missouri Date signed 6-14-41

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

STATE

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 Raymond Hinkle
Licensed Embalmer No. 3444
P. O. Address Springfield

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.