

FILED AUG 11 1941

Registration District No. **470**

Primary Registration District No. **5633**

Registrar's No. **110**

1. PLACE OF DEATH:  
(a) County **Lawrence**  
(b) City or town **Marion Mo. 78-11**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **X**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution **X** (Specify whether) **all her life**  
In this community **all her life** (Specify whether) **years, months or days**

3. (a) PRINT FULL NAME **Dora Jane McBlure**  
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 **M**  
6. (b) Name of husband or wife **Lewis McBlure** 6. (c) Age of husband or wife if alive **77** years  
7. Birth date of deceased **May 27 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **12** If less than one day hr. min.

9. Birthplace **Lawrence Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmers wife**

11. Industry or business **agriculture**

12. Name **Clark Smith**

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

14. Maiden name **Louise Larangan**

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

16. (a) Informant **Mrs J. J. McNeal**

(b) Address **Marion Mo**

17. (a) **Burial** (b) Date thereof **7-11-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Summit Glen**

18. (a) Signature of funeral director **Geo B Orr**

(b) Address **Marion Mo**

19. **7-10-1941** (Date received local registrar) (b) **P. A. Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Marion Mo. 78-11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **X** (Yes or No) **0**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9th**  
year **1941** hour minute M.

21. I hereby certify that I attended the deceased from **2** 19 **40** July **9** 19 **41**  
that I last saw her alive on **July 9** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema & Pleural Effusion**  
Due to **Ch. Myocarditis** Duration **>**

Due to **93d**

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?

While at work (Specify type of place) (b) Means of injury

23. Signature **Kenneth Glover** (M. D. or other)

Address **Marion Mo** Date signed **7/12/41**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 841-1333

Date Filed AUG 7 1949

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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..... *Geo B Orr*.....

Licensed Embalmer No. 946.....

P. O. Address..... *Mr Remon*.....

**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.