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K23159

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. 31448

Registration District No. FILED SEP 30 1941 1035 — Primary Registration District No. 5371 — Registrar's No. 8

1. PLACE OF DEATH:
(a) County Dent.
(b) City or town Rural - Current Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dent.
(c) City or town Rural - Current Township
(If outside city or town limits, write "RURAL")
(d) Street No. Jay, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Eugene McClure
3. (b) If veteran, name war
3. (c) Social Security No. 0
4. Sex M O
5. Color or race W.
6. (a) Single, widowed, married, divorced D. S.
6. (b) Name of husband or wife Blanch D. McClure
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 10 (Month) 16 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	12	hr. min.

9. Birthplace Noble, Ill. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Broker, Cotton
11. Industry or business
FATHER
12. Name Geo McClure.
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Nellie Behymer
15. Birthplace Ill. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Eleanor McClure.
(b) Address ~~[illegible]~~ Montauk Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Patterson Cemetery
18. (a) Signature of funeral director Hobson & Grantham
(b) Address Salem, Mo.
19. (a) 8/4 '41 (Date received local registrar) (b) J A Kissock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 3 minute 10 M.
21. I hereby certify that I attended the deceased from July 26, 1941, to July 28, 1941 that I last saw him alive on July 26, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene	5 Days
Due to Strangulated Hernia	7 Days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 [illegible] (M. D. or other)
Address Salem Mo Date signed July 2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 8811900
Date Filed

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 N D Hobson, Registered Apprentice No. ..... working under my personal supervision.

Signed N D Hobson

Licensed Embalmer No. 928

P. O. Address Salem Me

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.