

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35403

State File No. _____

FILED OCT 27 1941

Registration District No. 508

Primary Registration District No. 4303

Registrar's No. 16

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

1. PLACE OF DEATH: Linn
 (a) County _____
 (b) City or town Laclede *MAY 10*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether _____)
 In this community All years, months or days

3. (a) PRINT FULL NAME David Lee McClaren
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26, 1941
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Laclede, Linn Co., Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Emory McClaren
 13. Birthplace Linn County, Missouri 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Frances Ogle
 15. Birthplace Linn County, Missouri 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Emory McClaren
 (b) Address Laclede, Mo.

17. (a) Burial (b) Date thereof Sept. 18, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director M. J. Tharner
 (b) Address Laclede, Mo.

19. (a) Sept. 18, 1941 (b) Mrs. Vivian Rowland
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn 058
 (c) City or town Laclede
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
 year 1941 hour 10 minute 15 P.M.
 21. I hereby certify that I attended the deceased from Aug 26
1941, to Sept 16, 1941;
 that I last saw him alive on Sept 15, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Manasoma
 Due to Enteritis
and
Cerebral hemorrhage
 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)
 (p) Means of injury _____
 23. Signature H. J. LaMare (M. D. or other) MD
 Address Laclede, Mo. Date signed 9/18/41

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 Me

W.G. Thorne, Registered Apprentice No.

working under my personal supervision.

Signed W.G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.