

Registration District No. 837

Primary Registration District No. 6099

Registrar's No. _____

306
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Stoddard
 (a) County Stoddard
 (b) City or town Bloomfield, (Star Route)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Bloomfield, Rural
 (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.? 0 years.

3. (a) PRINT FULL NAME SAMUEL H. MC CLARD

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Celia Mc Clard, Deceased 6. (c) Age of husband or wife if alive recieved years

7. Birth date of deceased Jan. 5, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>19</u>	<u>11</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas B. Mc Clard

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

14. Maiden name Celia Hill

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

16. (a) Informant Mr. Ed. Mc Clard

(b) Address Bloomfield, Mo. Route

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

(c) Place: burial or cremation Hill cemetery

18. (a) Signature of funeral director Chiles und. Co.
(b) Address Bloomfield, Missouri.

19. (a) Nov 4, 1941 (b) Samuel H. Hill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th
year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10 - 1939 to Oct 16 - 1941; that I last saw him alive on Oct 14 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Edema of Lungs

Due to Tubercular Multiple Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations _____

Of autopsy no

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) no

(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 0

23. Signature S. S. Hill (M. D. or other)
Address Stoddard, Mo Date signed 11/4/41

RECEIVED

District Health Office No. 2,

District File Number 1141-1546

Date Filed 11.2.41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Deceased was not embalmed.

Licensed Embalmer No.....

P. O. Address.....

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.