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State File No. \_\_\_\_\_

FILED DEC 6 1941

Registration District No. 205

Primary Registration District No. 4123

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Rural, Macon, Tenn  
(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 \_\_\_\_\_ (Specify whether)  
In this community 60 yrs  
years, months or days

3. (a) PRINT FULL NAME ARTHUR W. McMAHAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-07-7371

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie McMahan 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 5-1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name John McMahan D

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

14. Maiden name Swanson

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

16. (a) Informant Mrs G W McMahan

(b) Address Gower

17. (a) Rural (b) Date thereof Nov 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation allen cem

18. (a) Signature of funeral director H A Sullivan

(b) Address Gower

19. (a) Nov 27-41 (b) Mrs. J. O. Starles  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton <sup>25</sup>  
(c) City or town Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>  
(d) Street No. Gower 140  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25  
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from None 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death fracture skull by being struck by truck on highway 169 Duration \_\_\_\_\_

Due to gopher Mo Immediate

Due to \_\_\_\_\_

Other conditions fracture right hand  
(Include pregnancy within 3 months of death)

Major findings: Of operations none 1706

Of autopsy none 1701

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) Accident

(b) Date of occurrence Nov 25-41

(c) Where did injury occur Highway 169 Gower Mo  
(City or town) (County) (State)

(d) Did injury occur about home or farm, in industrial place, in public place?  
Public Highway 169

While at work? no (Specify type of place) (e) Means of injury truck

23. Signature H A Sullivan (M. D. or other)

Address Plattinburg Clinton Mo Date Nov 25-41

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

MOTHER FATHER

DEC 1 0 1941

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

*H. A. Sullins*

Licensed Embalmer No.

*1738*

P. O. Address

*Gower mo*

**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.**