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DEC 30 1941

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Adelrich, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(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
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Riverside

(c) City or town Corona
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Burkhardt McLelland

3. (b) If veteran, name war us

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1941 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____ to 19____
that I last saw him alive on Dec-19 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Faulkenberry

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 19-1879
(Month) (Day) (Year)

Immediate cause of death Chronic Leukemia
Sudden death

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 92

Of autopsy _____

8. AGE: Years Months Days If less than one day

62 7 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Manual Labor

12. Name Philip C McLelland

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

14. Maiden name Maggie E. Burkhardt

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

16. (a) Informant Hugh M McLelland

(b) Address Adelrich Mo

17. (a) Burial (b) Date thereof 12/24/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Church

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Iron

19. (a) 12/24/41 (b) Wynne Miller
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature W. F. Murray (M: D. or other) _____
Address Adelrich Mo Date signed 12/24/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

DEC 3 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.....

Harold Wright....., Registered Apprentice No. *299*
working under my personal supervision.

Signed *Gene A. Brown*.....

Licensed Embalmer No. *2664*

P. O. Address *Walnut Grove 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.