

FILED MAR 3 1942

Registration District No. **390**

Primary Registration District No. **5545**

Registrar's No. **6 1.**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Sabula Union Twp**
(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.....
In this community..... **30 years**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Sabula**
(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 **Robert Offa McLead**

3. (b) If veteran, name war **no** 3. (c) Social Security No.....

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Jewell McLead** 6. (c) Age of husband or wife if alive **34** years
7. Birth date of deceased **January 25 1887**
(Month) (Day) (Year)

8. AGE: Years **54** Months **11** Days **21** If less than one day
hr. min.

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

10. Usual occupation **Mill wright**

11. Industry or business **Lumber**

MOTHER FATHER { 12. Name **Robert F. McLead**
13. Birthplace **Washington Co. Mo.** (City, town or county) (State or foreign country)
14. Maiden name **Rebecca Hughes**
15. Birthplace **Ste. Genevieve Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jewell McLead**

(b) Address **Sabula Mo.**

17. (a) **burial** (b) Date thereof **1-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sabula Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **A. White Ironton Mo.**

19. (a) **1-18-42** (b) **Virginia S. Miller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January**, day **16**
year **1942** hour **8** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Jan 16**
19 **42** to **Jan 16** 19 **42**

that I last saw him **in a home after funeral** and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral apoplexy**
Duration

Due to.....

Due to.....

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) (e) Means of injury

23. Signature **E. M. Hitchcock** (M. D. or other) **MD**
Address **Centerville Mo.** Date signed **1/24/42**

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

RECEIVED

District Health Officer No. 4
District File Number 242-242
Date Filed 2-12-43

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.....

Lyle M. White....., Registered Apprentice No. 277
working under my personal supervision.

Signed Paul J. White
Licensed Embalmer No. 3012
P. O. Address San Antonio, Tex.

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.