S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21207

Registration District No. ____ Primary Registration District No. 2001 Registrar's No. 468

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 249 - S. Hampton (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAULINE McCLELLAN
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Unknown (Month) (Day) 1878 (Year)
8. AGE: Years Approx 64 Months Unknown Days If less than one day hr. min.
9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Fred Alves
(b) Address 1007 Sherman Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial
18. (a) Signature of funeral director H. V. Smith
(b) Address 702 N. Jefferson
19. (a) 6-25-42 (Date received local registrar) (b) O. W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from June 15 1942 to June 22 1942 that I last saw him alive June 22 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hrs
Due to: Hypertension	
Due to: Mitral regurgitation	Unknown
Other conditions (Include pregnancy within 3 months of death): Chronic nephritis	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James E. Drury (M. D. or other)
Address Medical Arts Bldg Date signed June 24 1942

987 (Licensed Embalmer's Statement on Reverse Side)

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.....

Darwin M Cooper....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Herbert V Smith.....

Licensed Embalmer No.....4286.....

P. O. Address.....702 - N - Jefferson

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.