

FILED AUG 10 1942
Registration District No. 85

Primary Registration District No. 1001

State File No. _____

Registrar's No. 714

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 5, S
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura McClanahan

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

4. Sex Female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John H.
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
EST. 72 ? ? hr. min.

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

10. Usual occupation House-keeper

11. Industry or business Self

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John W. McClanahan
(b) Address Route # 5, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Agency cemetery

18. (a) Signature of funeral director: John E. Crump
(b) Address 6054 Taylor Ave., City

19. (a) July 22 1942 (b) H. J. Nestlebusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 17 1942 to July 26 1942
that I last saw him alive on July 26 1942
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death: Carcinoma of stomach 4 mo.
(History of flatulence for 2 yrs.)
Due to: Generalized carcinomatosis 2 mo.

Due to: Emaciation
Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations: no operation #6
Of autopsy: no autopsy
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: M.D.
23. Signature: C. L. Grant (M. D. or other)
Address: St. Joseph, Mo. Date signed: 7-29-42

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

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7

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 3986

6054 Fryor Ave.,
P. O. Address St. Joseph, Missouri

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.