

S. No. 2
M-9-4-41
v. 5-17-39
P. 1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24400

State File No.

Registrar's No. 150

FILED AUG 7 1942 347

Registration District No.

Primary Registration District No. 3018

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
AUG 6 1942

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
800 E. Henry 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry ⁴²

(c) City or town Clinton ²
(If outside city or town limits, write "RURAL")

(d) Street No. 800 E. Henry
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME ALEXANDER McLEOD

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1942 hour 8 minute 30 A. M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Marjaret Aaret

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased mar 1 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him in alive on June 29 1942
and that death occurred on the date and hour stated above.

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

77 3 5 hr. min.

Immediate cause of death Chronic myocarditis ^{Heart 8 years}

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

Due to: —

Due to: —

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) none ^{93d}

MOTHER FATHER

11. Industry or business

12. Name Kennedy McLeod

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

14. Maiden name Margaret Griffith

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

PHYSICIAN

Major findings: none

Of operations: none

Of autopsy: none

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Alex McLeod

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 6-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalud & Pich

(b) address Clinton mo

19. (a) July 2, 1942 (b) Georgia Kitchen
(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) no

(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 S. P. Hoyer (M. D. or other) H.P.
Address Clinton, mo Date signed July 2, 1942

RECEIVED

District Health Officer No. 17, 1711

District File Number 8-42-815

Date Filed 8-3-42

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.....

J. E. Conner

Licensed Embalmer No. 1891

P. O. Address.....

Clinton, 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.