

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 10 1942

Registration District No. 108

Primary Registration District No. 4179

Registrar's No. 12

35
4
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 1
(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..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

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

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

3. (a) PRINT FULL NAME Wanda Pelais McLean

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

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased June 29 - 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 5, 1942 to July 15, 1942 that I last saw her alive on July 15, 1942 and that death occurred on the date and hour stated above.

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

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

10. Usual occupation Infant

11. Industry or business.....

12. Name J. E. McLean

13. Birthplace Tipton Co. Ark (City, town, or county) (State or foreign country)

14. Maiden name Albina Smith

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

16. (a) Informant J. E. McLean
(b) Address Senath, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation McLean

18. (a) Signature of funeral director J. E. McLean
(b) Address Senath, Mo.

19. (a) 8-29-42 (Data received local registrar) (b) 800 St. Jeff. (Registrar's signature)

Immediate cause of death Agute Dilatation of Heart Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) gse

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 0

23. Signature D. T. D. Murphy (M. D. or other) 0
Address Senath Mo Date signed 8-11-42

RECEIVED

District Health Office No. 2,

District File Number 942-1167

Date Filed 9-8-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.