V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36510

Primary Registration District No. 3000

Registrar's No. 292

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(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: 4 mon.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Harrison
(c) City or town: Camwille
(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: Zeruiah E. McCLAIN

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

4. Sex: F
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: T. J. McClain
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Aug (Month) 10 (Day) 1864 (Year)

8. AGE: Years 78 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace: Mercer Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: Dr. William Melton
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Almira Chambers
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. L. A. Phillips
(b) Address: Kirksville Mo.
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: NOV 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah, Mo
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) Nov. 9 1942 (Date received local registrar) (b) Mrs. J. P. Wayman (Registrar's signature)

1047

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 7 year: 1942 hour: 11 minute: 45 P.M.
21. I hereby certify that I attended the deceased from Oct 29, 1942 to Nov 7, 1942 and that I last saw her alive on Nov 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — Duration
Due to: Decompensating Myocardi
Due to:
Other conditions (Include pregnancy within 3 months of death): 95 C
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: Esther P. Barnes (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed: 11/7/42

RECEIVED
District Health Officer No. 10
District File Number 12-42-4064
Date Filed Dec-10-1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kahoville 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.