

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39835

State File No.
Registrar's No. 4704

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 12-4-42
(Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town Kirksville 2
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Dr. Clarence Henry McClure,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred McClure, Mrs. 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months Days If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country) 1

10. Usual occupation Head Social Science Department
Northeast State Teachers College,

11. Industry or business

12. Name David Mc Clure

13. Birthplace Ill 1 (City, town, or county) (State or foreign country)

14. Maiden name Mrs (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mildred McClure,

(b) Address Kirksville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-16-42
(Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director Stine & McClure.

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 12-16-42 (Date received local registrar) (b) M. H. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th
year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 4 - 1942
19..... to Nov 15 19.....

that I last saw him alive on Nov 15 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Myocardial Degeneration
Chronic Nephritis Duration

Due to

Due to 131B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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? (r) Means of injury

23. Signature Ernest W. Dvorak (M. D. or other)

Address 715 Argyle St Date signed

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

Dec 16 1942

JAN 11 1948

W. F. W. ...
C. R. M. ...

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K.C. 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.