

S. No. 2
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5-17-39
PI X29454

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41035

Registration District No. 139

Primary Registration District No. 5576

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural--Duvall Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 2, Jasper
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
In this community 44 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 2, Jasper
(If rural, give location)

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

3. (a) PRINT FULL NAME Garnett Commodore McClanahan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 15 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Wright County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER

12. Name Joe McClanahan

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

14. Maiden name Catherine Hensley

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

16. (a) Informant Mrs. G. C. McClanahan
(b) Address Route 2, Jasper, Missouri

17. (a) Burial (b) Date thereof Dec. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Dec. 23, 1942 Mrs. Lillie Logg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 10:15 minute M.

21. I hereby certify that I attended the deceased from Dec 14 42
19 to 12 22 1942
that I last saw him alive on 12 22 42
and that death occurred on the date and hour stated above.

Immediate cause of death
Gastric Hemorrhage
Due to Carcinoma of Stomach
Due to Carcinoma of Liver
Primary
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cancer of liver
Stomach

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? (a) Means of injury
23. Signature (M. D. or other) DO
Address Date signed 12 23 42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1180

(Licensed Embalmer's Statement on Reverse Side)

12-12-1023

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. W. K. me*

Licensed Embalmer No. *814*

P. O. Address..... *Carthage 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.