

No. 2
1-4-41
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9646

State File No. _____

Registrar's No. 243

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hosp.
(d) Length of stay: In hospital or institution 16 days
In this community 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Blair
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Willard D. McClelland

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Elmazy McClelland 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 26 1863

8. AGE: Years 80 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Doniphan County-Kansas

10. Usual occupation farmer

11. Industry or business _____

12. Name E. D. McClelland
13. Birthplace Ohio
14. Maiden name Elizabeth Davis
15. Birthplace unknown

16. (a) Informant Roy McClelland
(b) Address Blair, Kansas
17. (a) removal (b) Date thereof 2-28-43

(c) Place: burial or cremation Troy, Kansas
18. (a) Signature of funeral director [Signature]
(b) Address Troy, Kansas

19. (a) 2-28-43 (b) Rae Hedges

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-28-43 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis - Chronic

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1246

Major findings: Of operations None Of autopsy None

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? _____
(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 Paul Ferguson (M. D. or other) Address St. Joseph Mo Date signed 3-1-44

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

MOTHER FATHER

1235 (Licensed Embalmer's Statement on Reverse Side)

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. F. Kerr

Licensed Embalmer No.

Missouri 75

P. O. Address

Troy, Kansas

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.