

State File No.

Registrar's No. 90

19
2
APR 14 1943

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Jullien Mo.
(c) Name of hospital or institution:
State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs 0 days 11 days
(Specify whether
In this community 9 yrs. 70 mo. 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Elsherry
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

James E. Mc Clellan

3. (b) If veteran name war 1st

3. (c) Social Security No. R/K

4. Sex male 5. Color or Race white

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

6. (b) Name of husband or wife Louisa Mc Clellan

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased June 26 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>2</u> hr. min.

9. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business.....

MOTHER FATHER

12. Name H. K.

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louisa Mc Clellan

(b) Address Elsherry Mo

17. (a) Removed (b) Date thereof March 28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsherry Mo

18. (a) Signature of funeral director W. K. Bradley

(b) Address Elsherry Mo

19. (a) March 28-1943 (b) James M. Moushkeff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 43 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 1943, to March 28, 1943 that I last saw her alive on March 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Generalized arteria sclerosis

Due to.....

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Gornet Thomas (M. D. or other) 0
Address State Hospital No 1 Date signed 3/28 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Jullien Mo.

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..... *W. K. Bradley*
Licensed Embalmer No. *3966*
P. O. Address..... *Eds Ferry Md*

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.