S. No. 2
M—5-42
5-17-39
H X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

Registration District No. 384

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19308

Primary Registration District No. ~~6778~~ 4519

Registrar's No. 24

107 1 0

1. PLACE OF DEATH:

(a) County: Texas

(b) City or town: Cabool
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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: 5 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Texas

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

(d) Street No. .....
(If rural, give location)

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

3. (a) PRINT FULL NAME: Albert H. McClendon

3. (b) If veteran, name war .....

3. (c) Social Security No.: none

4. Sex: M.

5. Color or race: W.

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

6. (b) Name of husband or wife: Lucille

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

7. Birth date of deceased: Sept (Month) 15 (Day) 1876 (Year)

8. AGE: Years 66 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Gainsville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: J. B. McClendon
13. Birthplace: Ky. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown. 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lucille Rutherford
(b) Address: Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Dongola Ill.

18. (a) Signature of funeral director: Gaylord V. Elliott
(b) Address: Cabool Mo.

19. (a) May 27 1943 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 24 year: 1943 hour: 15:30 minute: P. M.

21. I hereby certify that I attended the deceased from May 21, 1943 to May 24, 1943 that I last saw him alive on May 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	4 days
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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: H. L. Travis (M. D. or other) DO
Address: Cabool Mo. Date signed: 5/26/43

125 1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 64374
Date Filed 6-8-42

JUL 12 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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.