

No. 2  
5-42  
5-17-39  
1 X-3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22653

State File No. \_\_\_\_\_

JUL 9 1943

Registration District No. 360

Primary Registration District No. 3076 225

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hosp. no 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 1 mo. - 26 days  
(Specify whether \_\_\_\_\_)

In this community same time  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald <sup>108</sup>

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

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

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

3. (a) PRINT FULL NAME John McClure

3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 14 - 1863  
(Month) (Day) (Year)

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

80 2 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iowa \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name John McClure

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

14. Maiden name Nancy Sanders

15. Birthplace Indiana \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 8-13-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director R. M. Humphrey

(b) Address Pineville, Mo.

19. (a) 6-11-43 (b) Hazel B. Purck  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12<sup>th</sup>  
year 1943 hour 14 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 16<sup>th</sup> 1942, to May 12<sup>th</sup> 1943  
that I last saw him alive on May 12<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death senile psychosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 G. S. Warack (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed 5/12/43

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

RECEIVED

District Health Officer No. 7,

District File Number 6-43-65-6

Date Filed 7-8-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, TN

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.