S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24825

FILED AUG 7 1943

Registration District No. [illegible]

Primary Registration District No. 4167

Registrar's No. 131

1. PLACE OF DEATH:
(a) County DE KALB
(b) City or town AMITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb
(c) City or town Amity
(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 ELMER McCLAREN
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of husband or wife LAURA M. CLAREN
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased OCTOBER 13 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business

MOTHER FATHER
12. Name [illegible]
13. Birthplace ____ (City, town, or county) ____ (State or foreign country) 9
14. Maiden name [illegible]
15. Birthplace ____ (City, town, or county) ____ (State or foreign country) 9

16. (a) Informant Mrs. Laura McClaren
(b) Address Amity Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Amity Mo
18. (a) Signature of funeral director FISHER FUNERAL HOME
(b) Address MARYSVILLE MO.
19. (a) 7-21-43 (Date received local registrar) (b) [signature] (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I ~~attended the deceased from~~ viewed the body after ~~that I last saw him~~ alive on death 19 ____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
CHRONIC MYOCARDITIS	5 YRS.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) G3d	
Major findings: Of operations —	
Of autopsy NONE	

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 Luther E. Rockhold M. D. or other
Address Union Star, Mo Date signed 7/19/43

DeKalb County, 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, ~~under~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3960

P. O. Address .....

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.