FILED NOV 12 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35405

Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway Registration District No. 257
(b) Township Primary Registration District No. 3048 Registered No. 159
(c) City Maryville, MO. (d) Street No. St. Frances Hospital, Maryville, Mo St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank H. McClure
(a) Residence, No. Braddyville, Page County, Iowa St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie E. McClure
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-25-1872
7. AGE YEARS 71 MONTHS 5 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9, 1943
11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville, Ill

FATHER
13. NAME Alexander McClure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cas county, Ill.

MOTHER
15. MAIDEN NAME Sarah E. Mathews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cas County, Ill.

17. INFORMANT (ADDRESS) Carrie E. McClure Braddyville, Iowa
18. BURIAL, CREMATION, OR REMOVAL PLACE Braddyville Ia. DATE 10-3-43, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Holton and Walker Braddyville, Ia
20. FILED Oct-13-1943 Arley Barber Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30-43, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1943, to ~~10~~ 9-30, 1943
I last saw him alive on 9/30, 1943. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolic
Arteriosclerosis
Coronary Artemisia

Date of onset 9/25/43

Other contributory causes of importance:

94-a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B. F. Bylund, M. D.
(Address) Maryville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14023

APR 10 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted], Loren Danison, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed O. B. Hollon

Licensed Embalmer No. 3152

P. O. Address Brooksville O

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, above space should be left blank.