S. No. 2
M—5-42
5-17-39
I X32873

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

700

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37056

Registration District No. 57 Primary Registration District No. 4086 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Hale
(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 1 (Specify whether
In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Hale
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Ann McClure
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Wht
6. (a) ~~Single, widowed~~, married, divorced married
6. (b) Name of husband ~~or wife~~ James McClure
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased July (Month) 17 (Day) 1859 (Year)

8. AGE: Years 85 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Mt Pleasant (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James L. Blunkett
13. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Cavek
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs McClure
(b) Address Hale Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Rock Branch
18. (a) Signature of funeral director Francis Slater
(b) Address Hale Mo.
19. (a) Nov 30 1943 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Nov 26, 1943, to Nov 30, 1943 that I last saw her alive on Nov 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Stomach	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

H.P.

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 Dr. Alvin A. Ulah (M. D. or other) D.O.
Address Hale, Mo Date signed 11-26-43

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1947

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 Frank E Slater

Licensed Embalmer No. 937

P. O. Address Nal 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.