

FILED JAN 12 1944

Registration District No. 43

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1714 Center St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 14 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1714 Center St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David McLarnon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 31
year 1943 hour 8 minute 00 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 20 - 1943 to Dec 21 - 1943
that I last saw h. alive on Dec 21 - 43 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>	<u>14</u>	hr. _____ min.

Immediate cause of death Bronch. Pneumonia Duration 6 days
Due to Asplenia 14 days

9. Birthplace Belfast Ireland
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) 33a

10. Usual occupation Retired Engineer for

11. Industry or business Eberhardt Ice Co., Maryville (Mo.)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name David McLarnon

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant William Mc Larnon

(b) Address 1714 Center.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 3 44
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Armen M. Sudeyadov

(b) Address 1802 Union St.

19. (a) 1-3-44 (Data received local registrar) (b) Armen Sudeyadov (Registrar's signature)

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 J. H. Allaman (M. D. or other) _____

Address Central Bldg. St. Joseph Date signed 12/31/43

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

11
1
2

1233

Mrs

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

Herman W. Sidenfaden

Licensed Embalmer No.....

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.