

FILED JAN 25 1944

STANDARD CERTIFICATE OF DEATH

State File No. 2137

Registration District No. 42

Primary Registration District No. 1005

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town St. Joseph

(c) Name of hospital or institution State Hosp. R2 2y
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay 1 year 3 mths 11 days
In hospital or institution (Specify whether years, months or days)

In this community 1 year 3 mths 11 days
years, months or days

3. (a) FULL NAME BENJAMIN FRANKLIN MCEL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Feb 21 17 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>3/10</u>	<u>7/8</u>	hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name George M. McClain

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

14. Maiden name Gene Baker

15. Birthplace Nodaway Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Nodaway County

(b) Address Louisa Gene M. McClain

17. (a) Parnell Mo (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell Cemetery

18. (a) Signature of funeral director Arch C. Dimpfel

(b) Address Grant City Mo

19. (a) 1-5-44 (b) Arch Heigoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway

(c) City or town Parnell
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2d
year 1944 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 2d 1943 to Jan 2d 1944
that I last saw him alive on Jan 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Paraneoplastic

Due to Influenza

Other conditions (Include pregnancy within 3 months of death)

Duration 5 days

Major findings: 33a

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E H Magee, for (M. D. or other) 0
Dr. M. Schaeffer

Address State Hosp #2 Date signed Jan 2-44

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.....

Arch C. Duffee

Licensed Embalmer No.....

3252

P. O. Address:.....

Grant City, 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.