

Registration District No. 185

Primary Registration District No. 4300

State File No. _____

Registrar's No. 17

58000

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Laclede
(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 _____ (Specify whether _____)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Laclede, Linn 5800
(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 EDWARD HUGH McCLUNE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 28th
year 1944 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mr. Ella Mc Cune 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 24 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24 1944 to June 28 1944; that I last saw h. alive on June 28 1944; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>5</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Coronary thrombosis

Due to Myocardial degeneration

9. Birthplace St. Catherine Missouri
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

10. Usual occupation Farming

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Adam Mc Cune

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

14. Maiden name Lucy Woodruff

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

16. (a) Informant Walter Mc Cune
(b) Address Laclede, Mo.

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? _____

17. (a) Burial (b) Date thereof 6 30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo. Cem.

18. (a) Signature of funeral director W. S. Thomas
(b) Address Laclede, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) Signature DR. [unclear] (M.D. or other) _____
Date received local registrar July 6-1944 (b) Mrs. Vera Rowland Registrar's signature _____
Address Laclede, Mo. Date signed 7-6-44

19. (a) Date received local registrar July 6-1944 (b) Mrs. Vera Rowland Registrar's signature _____

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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 me
....., Registered Apprentice No. 2876
....., working under my personal supervision.

Signed W. G. Shoups

Licensed Embalmer No. 2876

P. O. Address Leeds, 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.