

FILED AUG 9 1944

State File No. _____
Registrar's No. 615

Registration District No. 38128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 649 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years
(Specify whether years, months or days)

In this community 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 649 S. Jefferson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Henry McClernon

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1944 hour 10 minute 35 a. M.

21. I hereby certify that I attended the deceased from Unattended by Physician 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed 2

6. (b) Name of husband or wife Margaret McClernon

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

7. Birth date of deceased April 14, 1875
(Month) (Day) (Year)

Immediate cause of death probably chronic myocarditis

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>10</u>	_____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

9. Birthplace St. Louis County 10 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Hugh McClernon

13. Birthplace UNK 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McElhane

15. Birthplace UNK 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane French

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-26-44 (b) W E Handley
(Date received local registrar) (Registrar's signature)

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 W E Handley Local Registrar
(M. D. or other)

Address Springfield Mo Date signed 7/26/44

APR 17 1945

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 *Walter E. Hamilton*
Licensed Embalmer No. *3808*
P. O. Address *Springfield 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.