

**FILED NOV 28 1944**

Primary Registration District No. **5650**

Registrar's No. **112**

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Rural Springriver  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 2 Verona Mo.  
(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  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2 Verona Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 7

3. (a) PRINT FULL NAME Rowlin Van McClure

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nina McClure 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Dec 1 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 15 hr. min.

9. Birthplace ? Minn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not Known  
13. Birthplace Not Known  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Delano  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Welch  
(b) Address R.D. # 2 Verona Mo.  
17. (a) Burial (b) Date thereof 10/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King  
(b) Address Aurora Mo.  
19. (a) 10-18-44 (b) Carrie Greene King  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 26  
1944 to Oct 16 1944  
that I last saw him alive on Oct 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Seizure  
& Chronic Toxic Nephritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:

Of operations 101  
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 W.P. Heron (M. D. or other)  
Address Aurora, Mo Date signed 10/24/44

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

RECEIVED

District Health Officer No. 6,

District File Number 1144-1221

Date Filed NOV 24 1944

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.