

FILED JAN 13 1945

Registration District No. _____

Primary Registration District No. **3012**

Registrar's No. **105**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Excelsior Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 hr** (Specify whether
In this community **1 year** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray**
(c) City or town **Lawson**
(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 **Claude McCown**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **68** Months _____ Days _____ If less than one day
_____ hr. _____ min.

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

10. Usual occupation **Merchant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph McCown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Phillip Sharp**

(b) Address **101 Linden St. Ex. Spgs. Mo.**

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

(c) Place: burial or cremation **Elmira Cemetery**

18. (a) Signature of funeral director **Claude Prichard**

(b) Address **Excelsior Springs, Mo.**

19. (a) **12-3-44** (b) **Mrs. Sadie Redman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **2**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 2**
_____, 1944 to **Dec 2**, 1944.

that I last saw him alive on **Dec 2**, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Sepsis pneumonia**
Duration **2 hr**

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy **no**

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) **suicide**

(b) Date of occurrence **12-2-44**

(c) Where did injury occur? **101 Linden Ex. Spgs. Mo.**
(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 **S. M. Criswell** (M. D. or other) **MD**

Address **Excelsior Spgs. Mo.** Date signed **12/3/44**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-9-44

APR 11 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

Richard

Licensed Embalmer No.

2757

P.O. Address

Excelsior Sp...

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.