

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41769

State File No.

FILED JAN 13 1945

Registration District No.

Primary Registration District No. 4376

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Guilford
(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) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Guilford D
(If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 11

3. (a) PRINT FULL NAME William D McClanahan

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 Married

6. (b) Name of husband or wife Bertha S McClanahan 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 11 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 1 If less than one day
hr. min.

9. Birthplace near Clyde, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Owner of Drug Store

MOTHER FATHER { 12. Name Adam McClanahan
13. Birthplace Cooper Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Chandler
15. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant L. D. McClanahan

(b) Address Guilford, Mo.

17. (a) Burial (b) Date thereof 12, 14, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves, Guilford, Mo.

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville, Mo.

19. (a) 12, 13, 44 (b) A. D. Barnett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1944 hour 10.55 minute P M.

21. I hereby certify that I attended the deceased from November 14th 1944 to Dec. 12 1944, 19...
that I last saw him alive on Dec. 12 1944, 19...
and that death occurred on the same day and hour stated above.

Immediate cause of death Myocarditis
Inanition 2 Mo.

Due to Senility

Due to
Other conditions (Include pregnancy within 3 months of death)
930

Major findings: Of operations None
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)
(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 0

23. Signature A. D. Barnett (M. D. or other)
Address Guilford, Mo. Date signed 12-13-44

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

400

1213

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.....

W. Dean Campbell

Licensed Embalmer No.....

21620

P.O. Address.....

Maryville, 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.