S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8884

FILED APR 5 1945

Registration District No. 3000 Primary Registration District No. 3000 Registrar's No. 74

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 508 W. Elizabeth street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Kirksville (If outside city or town limits, write "RURAL")
(d) Street No. 508 W. Elizabeth (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLE JONES McCLAY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 26 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Scotland County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Alfred Jones
13. Birthplace Bleadstown Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Alice Brumble
15. Birthplace Lewis County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Dow Jones
(b) Address 607 E. Pierce st
17. (a) ✓ (Burial, cremation, or removal) (b) Date thereof 3-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery
18. (a) Signature of funeral director Randolph Davis
(b) Address Kirksville, Missouri
19. (a) 3-31-45 (Date received local registrar) (b) Mrs. J. E. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from March 24, 1945, to March 24, 1945 that I last saw her alive on Mar. 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 20 hours estimated
Due to Arteriosclerosis, with hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Spencer L. Freeman M.D. (M.D. or other)
Address Kirksville, Mo Date signed 3/28/45

1049

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

4-4-1977

**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 Bowden Beatty

Licensed Embalmer No. K379

P. O. Address Kirksville, 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.**