No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 9439

Registrar's No. 33

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 Springs Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Yes (Specify whether)

In this community 68 years 9 m 5 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL")

(d) Street No. 528 Elms Bldg (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SARAH ELLA McCLURE

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

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 July (Month) 10 (Day) 1876 (Year)

8. AGE: Years 68 | Months 9 | Days 5 | If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name Henry McClure
13. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Judith Hauser
15. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Hazel Pfeiffer

(b) Address 528 Elms Blvd. Ex Spgs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/45 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) 3-17-45 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1166

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 15 year 1945 hour 5 minute A M.

21. I hereby certify that I attended the deceased from March 8, 1945, to March 15, 1945 that I last saw her alive on March 15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory paralysis	
Due to Cerebral Hemorrhage	24 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

8 3a

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 R. M. Hauck (M. D. or other) M.D.

Address Excelsior Springs, Mo Date signed 3/16/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4/16/45

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 Chas Virgil Hope
Licensed Embalmer No. 3950
P. O. Address Excelsior Springs,

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.