

FILED APR 23 1945
4818

3276

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: Frisco Hospital
(d) Length of stay: In hospital or institution. 2 weeks
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 909 Connor St.
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1945 hour 5 minute 30 P.
21. I hereby certify that I attended the deceased from 3/24, 1945, to 4/10, 1945.
that I last saw him alive on 4/10, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death: Brain Tumor - malignant
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
Unknown

Major findings: Malignant Brain Tumor
Of operations: right frontal lobe
Of autopsy: date Apr 3/30/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Paul L. McClelland

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Marcella McClelland 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December 8 1902
(Month) (Day) (Year)

8. AGE: Years 42 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Section Hand

11. Industry or business Frisco Railroad

12. Name Ben McClelland

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Theodosia Rector

15. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marcella McClelland

(b) Address Joplin, Mo.

17. (a) Removal (b) Date thereof 4-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 4-12-45 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

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?.....
(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 Emm. Sussler (M. D. or other)
Address 4960 Paelede Street Date signed 4/12/45

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

MOTHER FATHER

JUN 30 1948

MAY 25 1948

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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 *C. West W. Kapp*

Licensed Embalmer No. 1861

P. O. Address.....

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.