S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14278

Registration District No. 277 Primary Registration District No. 441 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Bowling Green
(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)
(d) Length of stay: In hospital or institution: No (Specify whether
In this community: 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Bowling Green
(If outside city or town limits, write "RURAL") 0
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jeff. T. McClure
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Ella McClure
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Nov. (Month) 27 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	11	hr. min.

9. Birthplace: Pike (City, town, or county) Mo 1 (State or foreign country)
10. Usual occupation: Banker
11. Industry or business:
FATHER 12. Name: John McClure
13. Birthplace: D.K (City, town, or county) 4 (State or foreign country)
MOTHER 14. Malden name: Louisa Tapley
15. Birthplace: D.K (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Mrs Ella McClure
(b) Address: Bowling Green Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Bowling Green Cem
18. (a) Signature of funeral director: H. B Elmore
(b) Address: Bowling Green Mo
19. (a) March 15-45 (Date received local registrar) (b) Mrs Hemp Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1945 hour 12 minute 5 A. M.
21. I hereby certify that I attended the deceased from June 14, 1942 to Mar 9th, 1945; that I last saw him alive on Mar 8th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to: Arteriosclerosis	
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?
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: J B Bryan M.D. (M. D. or other)
Address: Bowling Green Mo Date signed 3/9/45

1148 (Licensed Embalmer's Statement on Reverse Side)

AUG 2 1950

RECEIVED
District Health Officer No. 10
District File Number 4-45-610
Date Filed APR 13 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 W. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.