U. S. No. 2
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Rev. 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 JUN 14 1945

Registration District No. 2-73

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5920

State File No. 17769

Registrar's No. 36

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Old Appleton (Rural) Urban
(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 ——— (Specify whether years, months or days)
In this community: 6 days

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

3. (a) PRINT FULL NAME: Rosetta Mae E. McClary
3. (b) If veteran, name war: ———
3. (c) Social Security No. ———
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: ———
6. (b) Name of husband or wife: ———
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased: May 24, 1945 (Month) (Day) (Year)
8. AGE: Years — Months — Days 6 If less than one day ___ hr. ___ min.
9. Birthplace: Old Appleton, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: ———
11. Industry or business: ———
MOTHER FATHER
12. Name: Anthony McClary
13. Birthplace: Columbus, Louisiana (City, town, or county) (State or foreign country)
14. Maiden name: Ruth Estes
15. Birthplace: Old Appleton, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ruth McClary (Mother)
(b) Address: Old Appleton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 31, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Appleton, Missouri
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Missouri
19. (a) June 7-45 (Date received local registrar) (b) Thos Felder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from May 30, 1945, to May 30, 1945, that I last saw her alive on May 30, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to: No history	
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: O. J. Miller M. D. or other
Address: Perryville, Mo Date signed 6/5/45

1526 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 645-750

Date Filed 6-12-45

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 Frank Sparka

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.