S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37597

Registration District No. 157 Primary Registration District No. 55584 Registrar's No. 196

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Avilla (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Avilla, Mo. (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 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Avilla (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 Joseph Nelson McLean
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Veach McLean
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October (Month) 6 (Day) 1852 (Year)
8. AGE: Years 92 Months 1 Days 2 If less than one day hr. min.
9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business ----
FATHER 12. Name John McLean
FATHER 13. Birthplace Belfast (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name Isabelle (unknown)
MOTHER 15. Birthplace Belfast (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs. J. N. McLean
(b) Address Avilla, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Polk City, Iowa
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 11-10-45 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1945 hour 10:10 minute P M.
21. I hereby certify that I attended the deceased from Nov, 1925 to Nov 8, 1945; that I last saw him alive on Oct 10, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death heart failure	
Due to Cardio-vascular renal disease	yrs
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 Geo. N. Bragdon (M. D.)
Address Reeds, Mo. Date signed 11/9/45

1458 (Licensed Embalmer's Statement on Reverse Side)

45-11-938

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 Frank W Knell Jr., Registered Apprentice No. 379, working under my personal supervision.

Signed Emma L Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.