

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1931**

**FILED** JAN 28 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **3090**

Registrar's No. **32**

**1. PLACE OF DEATH:**  
(a) County **Adair**  
(b) City or town **Kirksville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **A.S.O. Hosp't**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo.** (b) County **Sullivan**  
(c) City or town **Reger**  
(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** **Earl E. McClaren**  
3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **710-12-8015**

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month **January** day **14** year **1946** hour **7:40** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Jan 9**, 1946, to **Jan. 14**, 1946, that I last saw him alive on **Jan. 14**, 1946, and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

Immediate cause of death  
**Acute purulent mastoiditis and Purulent sinus thrombosis**  
Due to **Streptococcus (Short Chain)**

7. Birth date of deceased **Oct 16 1911**  
(Month) (Day) (Year)

Duration  
**1 week**

8. **AGE:** Years **34** Months **2** Days **28** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **1/10/46**

9. Birthplace **Reger Mo** (City, town, or county) (State or foreign country)  
10. Usual occupation **Truck driver**  
11. Industry or business \_\_\_\_\_

Major findings: **Purulent mastoid & Bezold abscess in neck. Lateral sinus thrombosis & filled with pus**  
Of autopsy \_\_\_\_\_

12. Name **John W. McClaren**  
13. Birthplace **Reger Mo** (City, town, or county) (State or foreign country)  
14. Maiden name **Matilda Norman**  
15. Birthplace **Ind.** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Jack Ransom**  
(b) Address **Millan Mo**  
17. (a) **Burial** (b) Date thereof **1-17-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Henry Sem near Reger**  
18. (a) Signature of funeral director **Schaefer**  
(b) Address **Millan Mo**  
19. (a) **1-25-46** (b) **Kate Lambert**  
(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? \_\_\_\_\_ (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 **Al Hardy Dr. 7000** (M. D. or other)  
Address **Kirkville Mo** Date signed **1/16/46**

PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

003

1  
1  
1946  
26  
46-168  
25-46

OCT 14 1945

FEB 25 1946

APR 2 1946

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..... *Dwight Schauer*

Licensed Embalmer No. *2667*

P. O. Address..... *Melan, 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.