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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20110

FILED JUN 20 1946

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs
(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 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town Willow Springs R#3 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Artie Belle McLuen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles A. McLuen

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. (Month) 8, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	1	hr. min.

9. Birthplace Carroltown, Iowa. / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name James Morre
13. Birthplace Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Ersum
15. Birthplace Ohio. / (City, town, or county) (State or foreign country)

16. (a) Informant C.A.McLuen
(b) Address Willow Springs R#3, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/10/46. (Month) (Day) (Year)
(c) Place: burial or cremation Webster City, Iowa

18. (a) Signature of funeral director Burns Funeral Home
(b) Address Willow Springs, Mo.

19. (a) May 10, 1946 (Date received local registrar) (b) Ila McSpillen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 12, 1946, to May 9, 1946 that I last saw he alive on May 8, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation & failure — Duration

Due to Endocarditis and hypertensive heart disease

Due to hypertension and arteriosclerosis

Other conditions Chronic interstitial nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 13/18

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas T. Fanning (M. D. or other) D.O.

Address Willow Springs, Mo. Date signed May 9, 1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 646385-
Date Filed 6-19-46

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 J.C.Burns J.C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.