S. No. 2
M—5-43
v. 5-17-39
I X36671

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

21634

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

22771

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 792

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 913 So. 17th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ruby McClelland

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 25 (Day) 1881 (Year)

8. AGE: Years 65 Months 1 Days 14 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name John McClelland
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Ellen Reno
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Rev. Franklin P. Reno

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Heaton Bible & Bowman

(b) Address St. Joseph, Mo.

19. (a) July 16, 1946 (Date received local registrar) (b) H. Westlebrook (Registrar's signature) By V.N.H.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9 year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 5, 1946, to July 9, 1946; that I last saw her alive on July 9, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Obs. of bowels. | 4 days |
| Due to Carcinoma of Colon (Premo) | 6 months |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 46 | |

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 Frank Hartigan (M. D. or other)

Address 620 Francis Date signed 7/10/46

37 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

Kirk. 1st Eg.

## 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 Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St Joseph, 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.**