. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22934

FILED AUG 1 1946

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 242

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community 7 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL. (b) County ALEXANDER
(c) City or town McCLURE
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JAMES THOMAS McCLURE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV (Month) - 6 (Day) - 1863 (Year)

8. AGE: Years 82 Months 8 Days 11 If less than one day hr. min.

9. Birthplace THEBES (City, town, or county) ILL. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARM LAND
FATHER
12. Name THOMAS J. McCLURE
13. Birthplace BOWLING GREEN (City, town, or county) KY. (State or foreign country)
MOTHER
14. Maiden name CAROLINE V. OVERBY
15. Birthplace BOYDTON (City, town, or county) VA. (State or foreign country)
16. (a) Informant MRS. C. G. JUDEN
(b) Address CAPE GIRARDEAU MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation McCLURE CEMT.
18. (a) Signature of funeral director Walthus Und. Co
(b) Address Cape Girardeau Mo.
19. (a) 7-20-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16 year 46 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 7-1, 1946 to 7-16, 1946 that I last saw him alive on 7-16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cl. Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Bronchopneumonia (Hypostatic)
Major findings: Of operations 93d
Of autopsy [signature]

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 [signature] (M. D. or other) MD
Address Cape Girardeau Mo Date signed 7/18/46

KY (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 846-2413
Date Filed 8-1-46

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 Virgil H. Welch

Licensed Embalmer No. 4102

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.