S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24482

Registration District No. 249 Primary Registration District No. 437-24371 Registrar's No. 120

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Elmo 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 James Wesley McClaren

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leatha McClaren 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov (Month) 23 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	7	17	hr. min.

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

10. Usual occupation Barber

11. Industry or business .....

FATHER
12. Name James W McClaren
13. Birthplace Unknown (City, town, or county) a (State or foreign country)

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

16. (a) Informant Glen McClaren
(b) Address Elmo Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmo Cemetery

18. (a) Signature of funeral director Price Funeral home
(b) Address Maryville Mo

19. (a) July 14 46 (Date received local registrar) (Registrar's signature) Jesse Holt

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1946 hour 10 minute 15A M.

21. I hereby certify that I attended the deceased from not attended, 19..., to ....., 19...; that I last saw him alive on Not seen, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Self inflicted gun (22 Rifle) Shot into head through mouth.

Due to Despondency.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

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) suicide

(b) Date of occurrence July 10th 1946

(c) Where did injury occur? Elmo (City or town) Nodaway (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place - on street (Specify type of place)

While at work? No (e) Means of injury Gun Shot

23. Signature L E Dean - Coroner (M. D. or other) MD

Address Maryville Mo Date signed 7-11-46

(Licensed Embalmer's Statement on Reverse Side)

2291

DISTRICT HEALTH OFFICE
Cameron, Mo.

OCT 6 1950

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.....W. L. Gee.....

Licensed Embalmer No.....2539.....

P. O. Address.....Maryville 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.