

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27479

FILED AUG 20 1946  
156

Registration District No. 156 Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

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

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

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No. 1230 West 9th St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alfred E. McClaren, Jr

3. (b) If veteran, name war No

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7- day 13  
year 1946 hour 12 Noon M.

21. I hereby certify that I attended the deceased from July 10 1946 to July 13 1946  
that I last saw him alive on July 12 1946  
and that death occurred on the date and hour stated above.

4. Sex Male

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

7. Birth date of deceased Jan. 29th 1913  
(Month) (Day) (Year)

Immediate cause of death: Pneumo-pneumonia

Due to following anesthesia and extraction of teeth

Due to \_\_\_\_\_

Other conditions  (Include pregnancy within 3 months of death)

8. AGE: Years 33 Months 5 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  Of operations 101

Of autopsy

MOTHER FATHER

12. Name ALFRED E. McCLAREN, Sr

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name LEELA TAYLOR

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leela McClaren

(b) Address 1230 West 9th street.

17. (a) Burial (b) Date thereof 7-16th 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery

18. (a) Signature of funeral director Herbert H. H. Co.

(b) Address Joplin Missouri

19. (a) 7-17-46 (b) Ed. James  
(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? 0

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

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

Address 607 7th St. Joplin, Mo. Date signed 7/16/46

(Licensed Embalmer's Statement on Reverse Side)

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

46-7-656

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 *Alvin M. King*  
Licensed Embalmer No. *3566*  
*2129* P. O. Address *2129 Elm St. Joplin 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.