

FILED AUG 19 1946
Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community lifetime (Specify whether
years, months or days) McClure)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JAMES GILBERT McCLURE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male
5. Color or race white
6. (b) Name of husband or wife Hannah McClure
7. Birth date of deceased April 2 1865
(Month) (Day) (Year)

6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive years 21
(Day) (Year)

8. AGE: Years 81 Months 3 Days 15
If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business Farm Retired 15 yrs.

12. Name Joseph McCLURE

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

14. Maiden name Mary McCLURE
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. W. M. Hair
(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof July-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director Comstock FUNERAL HOME

(b) Address Unionville, Mo. 209 S. W. Comstock

19. (a) 8-10-46 (b) Mahall Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 5 minute 39 P.M.

21. I hereby certify that I attended the deceased from 6/17/46 to 7/17/46
that I last saw him alive on 7/17/46 and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion
Duration 9 days

Due to _____
Due to _____

Other conditions Ch. Cardio Respiration
(Include pregnancy within 3 months of death)

Major findings: Of operations 12/19
Of autopsy 12/19
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Halpin (M. D. or other)
Address _____ Date signed _____

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

MOTHER FATHER

7/18/46

RECEIVED
District No. 10
District File Number 8-10-1497
Date Filed AUG 14 1946

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 James W Comstock
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.