

STANDARD CERTIFICATE OF DEATH

State File No. 33337

Registration District No. 194

Primary Registration District No. 5495

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Harrison (b) City or town Rural (Trail Creek) (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 years, months or days)

3. (a) PRINT FULL NAME Mark Henley McClure (b) If veteran, name war (c) Social Security No. 488-14-1575

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single (b) Name of husband or wife (c) Age of husband or wife if alive years

7. Birth date of deceased April 2, 1916 (Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Labourer

11. Industry or business

MOTHER FATHER { 12. Name Enoch McClure 13. Birthplace Humley Co Missouri (City, town, or county) (State or foreign country) 14. Maiden name Grace Ewight 15. Birthplace Harrison Co Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Dayrel McClure (b) Address Brinson Mo

17. (a) Burial (b) Date thereof Sept 8, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Harrison County

18. (a) Signature of funeral director Joe E. Wheeler (b) Address Bethany Mo

19. (a) Oct. 7-1946 (b) S. Ph. Shaw (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison (c) City or town Rural (Trail Creek) (d) Street No. Trail Creek (e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1946 hour. 10 minute 30 AM.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Car accident collision of two trucks

Diagnosis Skull Fractured and right leg Broken

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170C-8 Of autopsy 22

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) accident 041 (b) Date of occurrence Sept 6, 1946 (c) Where did injury occur? on highway # 4 east of Mt. Nike (City or town) (County) (State) Mo (d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway # 4 (Specify type of place) (e) Means of injury head injury

23. Signature Joe E. Wheeler Address Bethany Mo Date signed Oct 7, 1946

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

32165

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.