

FILED JAN 22 1947

Registration District No. 21847

Primary Registration District No. 3006

Registrar's No. 21

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

024

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
102 S. Second St.
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone / 0

(c) City or town Columbia / 2
(If outside city or town limits, write "RURAL")

(d) Street No. 102 S. Second St. / 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOYCE McCLAIN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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 12 - 24 - 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 20 If less than one day
hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name George McClain 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Eldora Pauley
(City, town, or county) (State or foreign country)

15. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eldora McClain

(b) Address 102 S. Second St., Columbia, Mo.

17. (a) Burial (b) Date thereof 1-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 1-17-47 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1947 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-24-46 to 1-1-47
that I last saw him alive on 1-1-47 and that death occurred on the date and hour stated above.

Immediate cause of death No not known
Born Premature.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Noise 59

Of autopsy Noise

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence No

(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? No (Specify type of place) (e) Means of injury _____

23. Signature W.D. Bryant (M. D. or other) M.N.

Address Columbia Date signed 1-15-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-20-47

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Thomas L. [Signature]*

Licensed Embalmer No. *41312*

P. O. Address *Columbus, 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.