

S. No. 2
OM-5-43
v. 5-17-39
I X36671

Registration District No. **98**

Primary Registration District No. **5357**

Registrar's No. **21**

FILED
31
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Daviess**

(a) County **Daviess**

(b) City or town **Benton Twp. Rural**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **Entire Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Daviess**

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

(d) Street No. **Benton Twp**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Walter T. McClung**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife **Eva May McClung (Decd)**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 12 1876**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28** year **1947** hour **5** minute _____ P. **A**M.

21. I hereby certify that I attended the deceased from **Jan 28** 1947, to **Jan 28** 1947, that I last saw him alive on **Jan 28** 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure**

Due to **Multiterminal**

Due to _____

Other conditions **"Well & Hardy"**
(Include pregnancy within 3 months of death)

8. AGE: Years **70** Months **I** Days **I6** If less than one day hr. _____ min. _____

9. Birthplace **Daviess Co Mo U**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Major findings: Of operations _____

Of autopsy **2.00A**

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? _____

MOTHER FATHER

11. Industry or business _____

12. Name **Samuel McClung**

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

14. Maiden name **Susan Taylor**

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

16. (a) Informant **Mrs James Lovejoy**

(b) Address **Pattonsburg, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-31-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetary**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Pattonsburg, Mo**

19. (a) **Feb 5 1947** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

23. Signature **[Signature]** (M.D. or other) _____

Address **Pattonsburg Mo** Date signed **1-29-47**

APP 28 1947

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 E. Kramer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.