

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 397

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2703 Mitchell Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2703 Mitchell Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary McClanahan
 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: August 19 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>1</u>	<u>79</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace: Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Public Schools

12. Name James McClanahan

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

14. Maiden name unknown

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

16. (a) Informant James McClanahan

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Bowman
 (b) Address St. Joseph Mo.

19. (a) 3-20-47 (b) W. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
 year 1947 hour 9 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Feb 2
1947 to March 17 1947
 that I last saw h. alive on March 17 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocardial Insufficiency, unknown
 Due to: arteriosclerosis, general
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
93E

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)
 Means of injury _____
 23. Signature Walter Bowman (M. D. or other) _____
 Address Kirkpatrick Bldg St Joseph Date signed 3/19/47

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

NOV 21 1947

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..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, 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: