

S. No. 2
-12-45
5-17-39
1 X47070

FILED JUN 11 1947
Registration District No. **283**

Primary Registration District No. **5655**

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

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether
 In this community 10 days
years, months or days)

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

3. (a) PRINT FULL NAME Ottis McClenahan
 3. (b) If veteran, name war No
 3. (c) Social Security No. 493-03-8919

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 28th
 year 1947 hour 1:30 minute _____ P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rosie McClenahan
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 17 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18, 19 47 to May 28, 19 47
 that I last saw him alive on May 28th, 19 47
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>3</u>	<u>11</u>	_____ hr. _____ min.

Immediate cause of death Far Advanced Tuberculosis of the Lungs and Silicosis.
 Duration Over 5 yrs.

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

Due to _____
 Due to _____

10. Usual occupation Miner
 11. Industry or business Mining

Other conditions 13 B
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Edw. Hastings McClenaha
 13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mildred Hayes
 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy Far Adv Pul tbc. and silicosis.
 Underline the cause to which death should be charged statistically.

16. (a) Informant E. McMichael, Record Clerk
 (b) Address Mo. State San. Mt. Vernon, Mo.
 17. (a) Memorial (b) Date thereof 5/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation _____
 18. (a) Signature of funeral director J. S. Boyer
 (b) Address Leadwood, Mo.
 19. (a) 5/28/47 (b) Ed. McMichael
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature O. A. Brasher (M. or F.) male
 Address Mt. Vernon, Mo. Date signed 5-28-47

1961 CT 150

RECEIVED

District Health Officer No. 6,

District File Number 647-65-2

Date Filed JUN 10 1947

AUG 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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.