

S. No. 2
DM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35306

State File No. _____

FILED OCT 25 1947

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 44

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution:
10 E CHURCH ST. 3
(If not in hospital or institution, write street number or location)

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

In this community 3 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State COLORADO (b) County Mesa 999

(c) City or town GRAND JUNCTION
(If outside city or town limits, write "RURAL")

(d) Street No. H. N. G. Teller
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HARRY HAL McCLURE

3. (b) If veteran, name war NO

3. (c) Social Security No. 718-05-6678

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1947 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from 10-2-47, 1947 to 10-2-47, 1947; and that I last saw him alive on 10-2-47, 1947; and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARTHA E. McCLURE

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased AUG 8 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy

Due to Arterio Sclerosis

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

Major findings:
Of operations _____

Of autopsy g n H

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

8. AGE: Years 79 Months 24 Days 24 hr. _____ min. _____

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

10. Usual occupation RAILROAD DISPATCHER

11. Industry or business RAILROAD

12. Name Unknown

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

14. Maiden name UNKNOWN

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

16. (a) Informant MARTHA E. McCLURE

(b) Address GRAND JUNCTION Colo.

17. (a) REMOVAL (b) Date thereof OCT 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRAND JUNCTION Colo.

18. (a) Signature of funeral director J. O. Mudd

(b) Address Bowling Green Mo.

19. (a) OCT-13-47 (b) Ball Robinson
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature J. W. Matthews Date signed 10-3-47

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

OCT 27 1947

RECEIVED
District Health Officer No. 10
District File Number: 10-47-1444
Date Filed OCT 23 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 James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Beverly Green, 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.

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