S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38295

Registrar's No. 3013

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas city mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South Side Hotel 8/St & Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: unknown 3

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 5 1 2 2
(c) City or town: Warrensburg,
(If outside city or town limits, write "RURAL")
(d) Street No.: 134 East Gay
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Eugene McClanahan
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife: Etta McClanahan
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 19, (Day) 1884 (Year)

8. AGE: Years 63 | Months 9 | Days 9 | If less than one day: hr. min.

9. Birthplace: Perryhome, (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER 12. Name: Wm. H. McClanahan
13. Birthplace: Cooper Co., (City, town, or county) 0 Missouri (State or foreign country)
MOTHER 14. Maiden name: Manima Renfrow
15. Birthplace: Moniteau Co., (City, town, or county) 0 Missouri (State or foreign country)
16. (a) Informant: Ora Simmons
(b) Address: Warrensburg, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Warrensburg, Mo.
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 11-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 1947 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Cancer, 19..., to, 19...; that I last saw h... alive on, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	
Due to: Pulmonary Edema	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 111 C	
Major findings: Of operations:	
Of autopsy: yes as above	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 3
23. Signature: [illegible] (M. D. or other)
Address: 1424 [illegible] Date signed 11-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.