No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 7 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 42801
Registrar's No. 418

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 94
(c) City or town Senath 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OPAL McCLUNEY
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl McCluney
6. (c) Age of husband or wife if alive Age Unknown years
7. Birth date of deceased October (Month) 16, (Day) 1906 (Year)

8. AGE: Years 41 Months 2 Days 4 If less than one day br. min.
9. Birthplace Rector, (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife and teacher
11. Industry or business
FATHER
12. Name William Y. Smith
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Frances Horton
15. Birthplace Nobein County, (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodland Heights Cem., Rector, Ark.
18. (a) Signature of funeral director Irby Funeral Home
(b) Address Rector, Arkansas
19. (a) 12-28-47 (Date received local registrar) (b) Esther Rudloff 289 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1947 hour 1 minute 50 A. M.
21. I hereby certify that I attended the deceased from Dec. 11, 1947, 19..., to Dec. 20, 1947, 19...;
that I last saw her alive on Dec. 20, 1947, 19...;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 24 hrs. |
| Due to Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Encephalitis with organic psychosis | |

Major findings:
Of operations
Of autopsy No autopsy. 83A

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 0
23. Signature John A. Brennan (M. D. or other)
Address State Hosp #4, Farmington, Mo Date signed 12/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 148-27

Date Filed 1-6-48

OCT 8 1948

## 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 Paul K Dugal

Licensed Embalmer No. 412

P. O. Address Farmington, 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.