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 FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1819

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Wyatt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution No Street Number.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Wyatt 0
(If outside city or town limits, write "RURAL")
(d) Street No. No Street number 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph William McCloud
3. (b) If veteran, name war Not Known
3. (c) Social Security No. Not Known
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah D. McCloud, Dec'd.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 30, (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Ottumwa, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired
11. Industry or business None
FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Rev. Earl McCloud
(b) Address R#1, Sedan, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery Charleston, Missouri.
18. (a) Signature of funeral director Chas. F. Funnelee Jr.
(b) Address Charleston, Missouri.
19. (a) 2-5-48 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th year 1948 hour 9:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1948, to Jan 13 1948 that I last saw him alive on Jan 13 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolism	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2

23. Signature T. P. Fenton (M.D. or other)
Address Wyatt, Mo. Date signed 2-2-48

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

RECEIVED
District Health Office No. 2,
District File Number 248-180
Date Filed 2-9-48

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.