

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 41

Registration District No. 43 Primary Registration District No. 5135

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Brasley Rural
(c) Name of hospital or institution: ASH Hill Pwp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler / 2
(c) City or town Brasley Rural / 0
(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 Dorothy Jane McCLANAHAN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 27
year 1948 hour 7 minute 02 A.M.
21. I hereby certify that I attended the deceased from Jan 27 1948
27 to Jan 27 1948
that I last saw him alive on Jan 27 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife John McClanahan 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July 21 1914
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolism
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 28 Months 6 Days 18
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy 111A
Underline the cause to which death should be charged statistically.

9. Birthplace Pickens County Georgia
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business _____
12. Name L. J. West
13. Birthplace Hellmore County Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Anna A. Burrell
15. Birthplace Pickens County Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant L. J. West
(b) Address Brasley Mo R. 1
17. (a) Burial (b) Date thereof Jan 28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mole Hill

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 _____
23. Signature J. B. Schilling (M. D. or other) _____
Address Brasley Mo Date signed 1/27/48

18. (a) Signature of funeral director Shelby Funeral Home
(b) Address Brasley Mo
19. (a) 2-7-48 (b) R. Hornet
(Date received local registrar) (Registrar's signature)

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

No. 2
2-45
17-39
X47070

8481 18 11411
FEB 18 1948

Body not embalmed

RECEIVED

District Health Office No 2

District File Number 248-23

Date Filed 2-16-48

FEB 18 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.....

Licensed Embalmer No.....

P. O. Address.....

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.