No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5952

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 46

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME Tessa Ella McClanahan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex f
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Valentine James McClanahan
6. (c) Age of husband or wife if 76 years
7. Birth date of deceased April 6, 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 4 If less than one day hr. min.

9. Birthplace near Farmington, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas J. Highley
13. Birthplace near Farmington, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Jane Williams
15. Birthplace St. Francois County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Valentine McClanahan
(b) Address Farmington, Missouri
17. (a) b (Burial, cremation, or removal) (b) Date thereof 2-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation K of P
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 2-11-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1848 hour 10 minute 30 a M.
21. I hereby certify that I attended the deceased from Jan 29, 1948 to Feb 10, 1948
that I last saw her alive on Feb 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative pneumonia unspecified
Due to
Due to Surgery
Other conditions Carcinoma of Colon
(Include pregnancy within 3 months of death)
Major findings: Of operations Metastatic abdominal Carcinoma
Of autopsy 1/6

Duration

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 [signature] (M. D. or other) [signature]
Address Farmington Mo Date signed 2-11-48

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

RECEIVED

District Health Officer No. 7

District File Number 248-22

Date Filed 2-17-48

FEB 24 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 C. H. Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.