

3. No. 2
1-1/47
5-17-39

FILED MAY 3 1948
Registration District No. 267

Primary Registration District No. 5904

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Butler twp
(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 _____ Specify whether
In this community _____ years, months or days 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 mi north east wardell mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Edward Maclean

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound in head. Shotgun

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) suicide
(b) Date of occurrence 4-9-48
(c) Where did injury occur? None (City or town) _____ (County) Pemiscot mo (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (Specify type of place) Means of injury _____

23. Signature John Kelley Cooper (M. D. or other) _____
Address Butler mo Date signed 4-9-48

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sara Maclean 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased April 21 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 11 19 hr. min

9. Birthplace Haiti (City, town, or county) mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Wilbur Maclean
13. Birthplace Hardin Co. Tenn (City, town, or county) (State or foreign country)
14. Maiden name Minnie Thompson
15. Birthplace Pemiscot Co. mo (City, town, or county) (State or foreign country)

16. (a) Informant Edward Maclean
(b) Address Portageville mo Rt 2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Day Paving

18. (a) Signature of funeral director W. E. Seaver
(b) Address Camden mo
19. (a) 4-27-48 (Date received local registrar) (b) John W. Herman (Registrar's signature) MDL

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

MOTHER FATHER

4-48-134

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 _____

Boyd B. Willis
working under my personal supervision.

Registered Apprentice No. *19*

Signed _____

Noel C. Seaver

Licensed Embalmer No. *3941*

P. O. Address *Carruthersville, 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.