No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25792

FILED SEP 1 1948

Registration District No. 199 | Primary Registration District No. 3016 | Registrar's No. 199

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether
In this community: years, months or days)

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

14 0 0 1

3. (a) PRINT FULL NAME: Ira A. Mc Clellan
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Alfa
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. 24, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	2	hr. min.

9. Birthplace: Adams County, Illinios. (City, town, or county) (State or foreign country)
10. Usual occupation: Garage Man
11. Industry or business:
MOTHER FATHER
12. Name: Hugh Mc Clellan
13. Birthplace: Illinios (City, town, or county) (State or foreign country)
14. Maiden name: Mary Brenice Albert
15. Birthplace: Hardin Co. Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Hubert McClellan
(b) Address: New Bloomfield, Missouri
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof: 8/28/48 (Month) (Day) (Year)
(c) Place: Evergreen DeWitt Cemetery
18. (a) Signature of funeral director: Victor Buesche
(b) Address: Jefferson City, Mo.
19. (a) 8-27-48 (Date received local registrar) (b) R. O. Dierks MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 26 year: 1948 hour: 5 minute: 15 A.M.
21. I hereby certify that I attended the deceased from Aug. 24, 1948 to Aug. 26, 1948 that I last saw him alive on Aug. 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Coronary Sclerosis	
Due to: Arteriosclerosis Obliterans	3 days
(C.A.?)	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No	

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:
23. Signature: R. O. Dierks M.D. (M.D. or other)
Address: Jefferson City, Mo. Signed: Aug. 27/48

Jefferson City Printing Co. 0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 31 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 Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.