

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

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Rural Lebanon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6 miles N. Spencer
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper
 (c) City or town Rural 6 miles N. Spencer
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Nature

3. (a) PRINT FULL NAME LESTER HUT-McCLURE
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1
 year 1948 hour 10 minute 15 P. M.
 21. I hereby certify that I attended the deceased from August 12
1948 to August 31 1948
 that I last saw him alive on Aug 31 1948
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elaine M. McClure 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased: 4 (Month) 6 (Day) 1898 (Year)

Immediate cause of death Metastatic Carcinoma
Carcinoma Colon
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations H & E
 Of autopsy _____

8. AGE: Years 50 Months 4 Days 25 If less than one day _____ hr. _____ min.
 9. Birthplace Pettis Co MO
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business Farm
 12. Name Winston M. McClure
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Lula Rickard
 15. Birthplace Hughesville Mo
(City, town, or county) (State or foreign country)
 16. (a) Informant Elaine M. McClure
 (b) Address Wetmore Mo
 17. (a) Burial (b) Date thereof 9-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Spencer Mo
 18. (a) Signature of funeral director J. E. ...
 (b) Address Tipton Mo
 19. (a) 9-3-48 (b) Nellie Threllett
(Date received from registrar) (Registrar's signature)

PHYSICIAN _____
 Underline the cause to 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 C. F. Schubert (M. D. or other) MD
 Address Tipton Mo Date signed 9-2-48

REG-10
District Health Office
District File Number
Date Filed 9-27-48

SEP 28 1948
SEP 28 1948

RECEIVED

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton, 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.