No. 2
9-4-41
17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6622

State File No.

FILED MAR 13 1943

Registration District No. 2357

Primary Registration District No. 3028

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
609 S Fulton St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

49 1 3

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 609 Fulton St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME George Benjamin McClelland

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theodocia

6. (c) Age of husband or wife if alive Unknown yrs

7. Birth date of deceased Dec (Month) 28 (Day) 1853 (Year)

8. AGE: Years 89 | Months 1 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Loyd Metcalf

(b) Address Ash Grove Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Feb 18 '43 (Date received local registrar) (b) Elizabeth Coupland (Registrar's signature)

203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18

year 43 hour 4 A.m. minute ... M.

21. I hereby certify that I attended the deceased from Feb. 15th, 1943, to Feb. 18, 1943,

that I last saw h.im alive on Feb 15, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis — Duration

Due to

Due to

Other conditions Brights Disease 1
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature E. D. Hatcher MD (M. D. or other)

Address 403½ S. Main St. Date signed 2/18/43

(Licensed Embalmer's Statement on Reverse Side)

43-2-164

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6622

Registration District No. ____ Primary Registration District No. 3028 Registrar's No. ____

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

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Carthage
(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 ____ In this community 23 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 609 Fulton St
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME George B McClelland

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

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased ____ (Month) (Day) (Year)

8. AGE: Years 89 | Months | Days | If less than one day ____ hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) (State or foreign country)

16. (a) Informant ____
(b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____
(b) Address ____

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 15 day
year 1943 hour ____ minute ____ M.

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

	Duration
Immediate cause of death ____	
Due to Senile Decay	
Due to ____	
Other conditions Chronic Bright's disease (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations ____
Of autopsy 1/31/43

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (c) Means of injury ____

23. Signature ____ (M. D. or other) ____
Address ____ Date signed ____

SUPPLEMENTARY