

FILED APR 8 1940

No. 2  
11-10-39  
5-17-39  
I X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12653

State File No. \_\_\_\_\_

Registration District No. 849Primary Registration District No. 43-15Registrar's No. 23

## 1. PLACE OF DEATH:

(a) County Sullivan  
 (b) City or town Green City  
 (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) 21  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 38 years (Specify whether)  
 years, months or days)

8. (a) PRINT FULL NAME Magdalene Clelland

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Robert C. H. Clelland 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased February 26 1869  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
71 0 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Callendar Scotland  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Alexander Stewart13. Birthplace Scotland  
(City, town, or county) (State or foreign country)14. Maiden name Annie McKinley15. Birthplace Scotland  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. L. M. Knapp(b) Address Green City, Mo.17. (a) Burial (b) Date thereof 3 6-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green City Cemetery18. (a) Signature of funeral director Glenn E. Kent(b) Address Green City, Mo.19. (a) April 1-1940 (b) Virginia Gibson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
 (c) City or town Green City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 38 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1940 hour 9 minute 45 P. M.21. I hereby certify that I attended the deceased from Nov 22, 1929, to March 11, 1940, that I last saw her alive on March 11, 1940, and that death occurred on the date and hour stated above.Immediate cause of death: Cancer of LiverDue to \_\_\_\_\_  
Due to \_\_\_\_\_Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

771  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature W. Huntington (M. D. or other) \_\_\_\_\_Address Green City, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

520

RECEIVED

District Health Officer No. 10

District File Number 4-40-75-1

Date Filed APR 2 1940

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

*Archie W Wade*

Licensed Embalmer No. 3037

P. O. Address *Green City, 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, above space should be left blank.