

No. 2
-10-39
7-39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39237

REG. DIST. NO. 561

Primary Registration District No. 5755

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Olean, Mo.
(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 _____
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Olean Mo.
(d) Street No. _____
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Glize Ellen McClure

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 24 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Maid

11. Industry or business _____
MOTHER FATHER { 12. Name No Record
13. Birthplace No Record
14. Maiden name No Record
15. Birthplace No Record

16. (a) Informant Everett Kingery
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof Dec. 2nd, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Allen Cem.

18. (a) Signature of funeral director G. N. Steffens
(b) Address Russellville, Mo.

19. (a) 12-2-1940 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 30th; day _____
year 1940 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 25 1940 to Nov 30 1940
that I last saw her alive on 11-25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Stenosing ulcer of stomach
Duration 3 mos

Due to Chronic Gastric Ulcer or Ulcers Years _____

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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?
495 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. C. Shelton (M. D. or other) _____
Address Olean Date signed 12-2-40

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

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 *G. M. Steffens*
Licensed Embalmer No. *2307*
P. O. Address *Russellville*

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

If this body is not embalmed, above space should be left blank.