

2
3-40
7-39
623159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31711

BUREAU OF THE CENSUS
FILED OCT 25 1941

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 271

1. PLACE OF DEATH: JACKSON

(a) County JACKSON

(b) City or town INDEPENDENCE

(c) Name of hospital or institution: HOME

(d) Length of stay: In hospital or institution _____

In this community _____

3. (a) PRINT FULL NAME JAMES ROBERT McCLOIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Kate

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

7. Birth date of deceased OCTOBER 20, 1868

8. AGE: Years 72 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace KENTUCKY

10. Usual occupation INTERIOR DECORATOR

11. Industry or business _____

12. Name GEO. W. McCLOIN

13. Birthplace KENTUCKY

14. Maiden name STANWIN

15. Birthplace KENTUCKY

16. (a) Informant FRED H. McCLOIN

(b) Address 105 N. CRYSLER

17. (a) BURIAL (b) Date thereof Oct-17-41

(c) Place: burial or cremation MOUND PROVE

18. (a) Signature of funeral director [Signature]

(b) Address 214 N Spring, Jasper, Mo.

19. (a) Oct 17 1941 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON

(c) City or town INDEPENDENCE

(d) Street No. 105 N. CRYSLER

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1941 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from Dec 13, 1937 to Oct 13, 1941; that I last saw him alive on Oct 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Sclerosis Coronary Arteries

Other conditions 94a

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature [Signature] (M.D. or other) _____

Address 202 S. Orange Date signed 10/17/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *by J...*

....., Registered Apprentice No.
working under my personal supervision.

Signed *[Signature]*
Licensed Embalmer No. *2632*
P. O. Address *2147 Ave...*

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.