

Registration District No. 104

Primary Registration District No. 3008

14
1
2

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

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital no. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mo 1 day
(Specify whether years, months or days)

In this community 9 mo 1 day

2. USUAL RESIDENCE OF DECEASED: 14

(a) State mo (b) County Randolph

(c) City or town Huntsville
(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? _____ years.

3. (a) PRINT FULL NAME Joe Allie McLean

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 5-30 minute 0 M.

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

21. I hereby certify that I attended the deceased from 5/25/1942, 1942, to 5/30/1942, 1942
that I last saw her alive on 5/29/1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (c) Age of husband or wife if alive 2 1/2 years

7. Birth date of deceased Dec 6 1872
(Month) (Day) (Year)

Immediate cause of death _____

Due to Cerebral Hemorrhage

Due to Atherosclerosis

Other conditions 430
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 5 Days 24
If less than one day hr. _____ min. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Milani

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

14. Maiden name Francis

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

16. (a) Informant H. H. McLean

(b) Address Huntsville mo

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? _____

17. (a) Removal (b) Date there May 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill

18. (a) Signature of funeral director Tom B. Fulton

(b) Address Huntsville mo

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) May 30-42 (b) Joe McLean
(Date received local register) (Registrar's signature)

23. Signature George A. Reas (M. D. or other) MD

Address Fulton mo Date signed 5/30/42

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville Ind

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.