

FILED MAR 6 1944

Registration District No. 199

Primary Registration District No. 5373

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Maysville (Rural)
(c) Name of hospital or institution Camden Town
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth
(c) City or town Maysville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Camden Town
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 1

3. (a) PRINT FULL NAME WILLARD M. CLURE

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
(b) Name of husband or wife Mary Addie McClure 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased FEB 9 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 22 If less than one day
.....hr. min.

9. Birthplace DE KALB Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Fanner

11. Industry or business

MOTHER FATHER { 12. Name Clara McClure
13. Birthplace Ohio (State or foreign country)
14. Maiden name Mary Gray
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Finley McClure
(b) Address Maysville Mo

17. (a) Rural (b) Date thereof 2-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or removal Wappesville Cemetery

18. (a) Signature of physician Finley McClure
(b) Address Maysville Mo

19. (a) 2-2-44 (b) Finley McClure
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from arrived after death, 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Occlusion
Duration

Due to.....

Due to.....

Other conditions 940
(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?

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

23. Signature Finley McClure (M. D. or other) W.D.
Address Maysville Mo Date signed 2-1-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.