

FILED MAY 24 1944

Registration District No. **201**

Primary Registration District No. **4123**

Registrar's No. **45**

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava
(c) Name of hospital or institution: Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two years
In this community Two years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town Ava
(If outside city or town limits, write "RURAL")
(d) Street No. Benton-imp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora McCleary
(b) If veteran, name war
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1944 hour 11 minute 30 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lowell McCleary
(c) Age of husband or wife if alive 27 years
7. Birth date of deceased August 6, 1912
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 12 1944 to July 1944
that I last saw her alive on 07 April 10 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 31 Months 8 Days 17
If less than one day hr. min.

Immediate cause of death Pneumonia T.B.
Due to
Due to

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

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

10. Usual occupation Housewife

MOTHER { 11. Industry or business
12. Name John Eagan
13. Birthplace Douglas County
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Griskell
15. Birthplace Ozark County, Mo.
(City, town, or county) (State or foreign country)

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?
(Specify type of place) (e) Means of injury

16. (a) Informant Lowell McCleary
(b) Address Ava, Missouri
17. (a) Burial (b) Date thereof 4-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blanche

23. Signature J. L. Gentry (M. D. or other)
Address Ava MO Date signed 26-44

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 5-1-1944 (b) Miss J. R. Spurlock
(Date received local registrar) (Registrar's signature)

Physician's signature and address

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

1056

MAY 4 1944

RECEIVED

District Health Officer No. 61

District File Number 544-583

Date Filed MAY 17 1944

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

H.B. Hutchison

Licensed Embalmer No.

3431

P. O. Address

Orma Md

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.