

FILED MAR 16 1945

State File No.

Registration District No.

Primary Registration District No. 4168

Registrar's No. 17

1. PLACE OF DEATH

(a) County DE KALB
(b) City or town MAYSVILLE
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DE KALB
(c) City or town MAYSVILLE 32
(d) Street No. 25
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MARYDANESPEAR McCLURE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1945 hour 17 minute 2 A.M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race W 1 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife MAJOR E.W. McCLURE 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased SEPT 17 1912 (Month) (Day) (Year)

Immediate cause of death Suicide

8. AGE: Years 32 Months 4 Days 26 If less than one day hr. min.

Duration

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

10. Usual occupation Beauty Operator

Due to

11. Industry or business

12. Name Charles Spear

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

14. Maiden name Mary Spear

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

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (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

16. (a) Informant Mrs E.W. McClure (b) Address Maysville Mo

17. (a) CREMATION (b) Date thereof FEB-19-45 (Specify cremation, or other) (c) Place of cremation FLMWOOD CREMATORIA KANSAS CITY, MO

18. (a) Signature JOHN CLARK (b) Address MAYSVILLE MO (c) Date received local registrar 2-19-1945 (d) Registrar's signature John Clark

23. Signature M.S. Hale 3 (M.D. or other) Address Osborn Mo Date signed 2/22/45

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

MOTHER FATHER

ADDITIONAL SUPPLEMENTARY INFORMATION

PHYSICIAN Underline the cause to which death should be charged statistically.

1378

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APR 27 1945

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 *[Signature]*
Licensed Embalmer No. 3960
P. O. Address Mayville Mo

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AprilRegistration District No. 99Primary Registration District No. 4168Registrar's No. 17

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Maysville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME Mary J. S. McClure

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F5. Color or race W6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 17 1925
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1985 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to 164eOther conditions _____
(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) Suicide(b) Date of occurrence Feb 15 - 1985(c) Where did injury occur? at Homettysville Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at the homeWhile at work? no (Specify type of place) (e) Means of injury Pistol shot23. Signature M. S. Gale (M. D. or other) _____Address OS 60772 Mo. Date signed 3/26/85

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

MOTHER FATHER

SUPPLEMENTARY

JUL 17 1945

JUL 17 1945

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