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v. 15-17-39  
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10340

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 70

**FILED** APR 12 1946  
Registration District No. 274

Primary Registration District No. 3052

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

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis

(c) City or town Sedalia, Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #3  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Effie Stevens McClure

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife S. W. McClure

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

7. Birth date of deceased September 22 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Benjamin Frank Stevens

13. Birthplace Cooper County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hettie Purdue

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

16. (a) Informant Stevens McClure

(b) Address R.F.D. 3 Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Hi Point Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 3-8-46 (Date received local registrar) (b) Betty Meager (Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 2 year 1946 hour 6 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 27 1946 to March 2 1946

that I last saw her alive on March 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy gyn

**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) Means of injury \_\_\_\_\_

23. Signature M. P. Sly (M. D. or other) MD.  
Address Sedalia Date signed 3-4-46

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-10-46

died 6: A.M. March

46

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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 J.P.M. Cary

Licensed Embalmer No. 3153

P. O. Address Sedale

**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.**