

No. 2
-12-45
-17-39
X47070

FILED APR 21 1947

Registration District No. **2164** Primary Registration District No. **3022**

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

1. PLACE OF DEATH:

(a) County **Johnson** **Warrensburg**

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

(c) Name of hospital or institution:
312 West Gay St /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether years, months or days)

In this community **50 Yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** **51**

(c) City or town **Warrensburg** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **312 West Gay St** **2**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME **Eddie Ebberts McCluney**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **494-30-2167**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Maggie McCluney** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Jan 25 1947**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1947** hour **11** minute **15** P. M.

21. I hereby certify that I attended the deceased from **March 17**, 1947, to **April 6**, 1947
that I last saw him alive on **April 5**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **Duration 2 weeks**

8. AGE:

Years	Months	Days	If less than one day
58	2	11	hr. min.

Due to **Coronary system degeneration** **5 year**

Due to _____

9. Birthplace **Christian Co 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 **Packing Plant**

11. Industry or business _____

12. Name **John McCluney**

13. Birthplace **Johnson Co Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary C Barnes**
(City, town, or county) (State or foreign country)

15. Birthplace **Ky.** /
(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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

16. (a) Informant **Mrs Edd McCluney**

(b) Address **312 W. Gay, Warrensburg**

17. (a) **Burial** (b) Date thereof **4-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **Apr. 7, 1947** (b) **Lawrence C. Phillips**
(Date received local registrar) (Registrar's signature)

23. Signature **W. J. Arman MD** (M.D. or other)

Address **Warrensburg Mo** Date signed **4-7-47**

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. Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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.