

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

3900
47
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3906

FILED JUL 15 1948

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Barton

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 59 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County: Barton

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

(d) Street No. 19th & Jefferson St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Robert McClanahan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color, or race white

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

6. (b) Name of husband or wife Dora Belle McClanahan

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: April 14 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 1 22 hr. _____ min.

9. Birthplace: Cooper County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name Finis McClanahan

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

14. Maiden name Mary Jane Renfrow

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

16. (a) Informant Mrs. W. R. McClanahan

(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof June 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moorehead Cemetery

18. (a) Signature of funeral director Chiles Funeral Home

(b) Address Lamar, Mo.

19. (a) JUN 8 - 1948 (b) Marie Kanagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from June 5
1948 to June 6 1948
that I last saw her alive on June 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral

Due to hemorrhage

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations SW

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 Stroke

23. Signature DR. E. J. Guldner (M. D. on _____)

Address Lamar Date signed Jun 8

Duration

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

July

RECEIVED
District Health Officer No. 6,
District File Number 748-756
Date Filed JUL 12 1948

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar, 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.