

5. No. 300
EV. 10.48

FILED OCT 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29528

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1024

0113

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 2839 Sylvania	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosn.			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) W.	c. (Last) McClanahan	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1888 Feb. 20, 1887	9. AGE (In years last birthday) 64 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales tax division	10b. KIND OF BUSINESS OR INDUSTRY State Auditors office	11. BIRTHPLACE (State or foreign country) Agency, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John H. McClanahan	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE Laura E. McClanahan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura McClanahan	ADDRESS 2839 Sylvania St. St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		6 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency DUE TO (c) Atherosclerotic Heart Disease		11 hours
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 22, 1950, to Oct 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Physician or title) Robert Conrad MD	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED Oct 5, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/1951	24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery	24d. LOCATION (City, town, or county) (State) Agency Missouri
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DATE REC'D BY LOCAL REG. Oct 5, 1951	REGISTRAR'S SIGNATURE Carl C. Casley	25. FUNERAL DIRECTOR'S SIGNATURE Neaton-Bowman Funeral Home - St. Joseph, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph,

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan } ss.

State File No. 29528
Local Registrar's No. 1024

AFFIDAVIT FOR CORRECTION OF A RECORD

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

11/1955

On this 10th day of October, 1945, before me appears
W. Alouise Bowman, who, upon her oath, states that the original record of ~~birth~~ death
for James W. McClanahan died October 4, 1951, in the State of
Missouri, and which was filed at St. Joseph, Mo. ~~Mo.~~ on 10/5/51, 1951, should be corrected as follows:

Item No. 8 should read Feb. 20, 1888

Instead of Feb. 20, 1887

Item No. 9 should read 63

Instead of 64

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Heaton Bowman Funeral Home
W. Alouise Bowman Relationship: Sec.
St. Joseph, Mo. Present Address.

Subscribed and sworn to before me this 10th day of October, 1945.

My Commission expires April 12, 1955 Ethel M. Allison Notary Public.