

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10061

State File No. _____

Registration District No. 34

Primary Registration District No. 6239

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Exeter, Mo
(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 2
(Specify whether years, months or days) 5-8

In this community _____

3. (a) PRINT FULL NAME MARY ESTELLA McCLURE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband J. W. McCLURE 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 10 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 23 Days _____ If less than one day _____

9. Birthplace Atlanta, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business L.C. Mc Bride

12. Name L.C. Mc Bride

13. Birthplace Ark. U.S.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Liddie

15. Birthplace Ark. U.S.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. W. McCLURE

(b) Address Exeter, Mo

17. (a) BURIAL (b) Date thereof March 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLEWOOD

18. (a) Signature of funeral director Barry Talenbach

(b) Address EXETER, MO
(c) Date received local registrar March 7-40 (Registrar's signature) Mrs. H. P. Beary

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barry
(c) City or town Exeter, MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 - 1940
year 1940 hour 5 PM minute 4:45 PM

21. I hereby certify that I attended the deceased from March 2, 1940, to March 3, 1940; that I last saw her alive on March 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Chronic myocarditis Duration 2 days

Due to _____

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? _____

33. While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles A. Spears (M. D. or other) _____

Address Cassville, Missouri Date signed March 5 1940

RECEIVED

District Health Officer No. 6,

District File Number 440-1081

Date Filed APR 11 1940

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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, above space should be left blank.