

Registration District No. 372

Primary Registration District No. 3060

Registrar's No. 46

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington, 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 lifetime  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. no  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1948 hour 10 minute 30 a. M.  
21. I hereby certify that I attended the deceased from Jan 29  
1948 to Feb 10 1948  
that I last saw her alive on Feb 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Post operative pneumonia  
unoperated

Due to: Surgery  
Other conditions: Carcinoma of Colon  
(Include pregnancy within 3 months of death)

Major findings: Metastatic abdominal  
Of operations: Carcinoma  
Of autopsy: H&E

PHYSICIAN

Underline the cause of 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)  
(e) Means of injury.....

23. Signature Alvin Longenecker (M. D. or other) mal.  
Address Farmington, Mo. Date signed 2-11-48

3. (a) PRINT FULL NAME Tessa Ella McClanahan  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Valentine James McClanahan 6. (c) Age of husband or wife if 76 years  
7. Birth date of deceased April 6, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 10 4 hr. min.

9. Birthplace near Farmington, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas J. Highley  
13. Birthplace near Farmington, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Williams  
15. Birthplace St. Francois County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Valentine McClanahan  
(b) Address Farmington, Missouri

17. (a) b (b) Date thereof 2-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation K of P

18. (a) Signature of funeral director C. H. Cozean  
(b) Address Farmington, Mo.

19. (a) 2-11-48 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

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

94  
0  
0  
0

RECEIVED

District Health Officer No. 4

District File Number 248-22

Date Filed 2-17-48

FEB 24 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..... *W. Cozart*

Licensed Embalmer No. 4084

P. O. Address. *Garrington, Md.*

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.