S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26518

FILED AUG 13 1946

Registration District No. 5782

Primary Registration District No. 5782

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape R.F.D. # 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Shannon Twp
Cape R.F.D. # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution /
(Specify whether
In this community since Jan. 1, 1946
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1 Rural Shannon Twp
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rosa Belle McClard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John D. McClard

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

7. Birth date of deceased October (Month) 25th (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
79	9	9	hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Quince Wiseman

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

14. Maiden name Mary Davis

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Albert McClard

(b) Address Cape R.F.D. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-06-1946 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 8-7-46 (Date received local registrar) (b) D. E. Lubert (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 4
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Includes pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy	

PHYSICIAN

Underline the cause to 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?
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Dr. J. G. Sigmund Coroner (M. D. or other)

Address Jackson, Mo. Date signed 8/4/46

43 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 846-250

Date Filed 8-12-46

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 Howard L Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missour

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.