

MARK IN REVERSE FOR ENDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be correctly supplied. AGE should be stated FULLY. PHOTIANS should give CAUSE OF DEATH in plain terms, & it may be properly classified. Exact time of OCCUPATION is very important.

COMMONWEALTH OF KENTUCKY
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2000-10-1-39
4040 21649

1. PLACE OF DEATH: 40
(a) County Barren
(b) City or town _____
(c) Name of hospital or institution P.F.O.
(d) Length of stay in hospital or institution Life
(e) If death in hospital or institution, state street _____
(f) If death in hospital or institution, how long in U. S. A. _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Barren
(c) City or town Rural
(d) Street No. Freedom # 18
(e) If rural, give precinct _____

3(a) FULL NAME Joe Donald McClard
(b) If veteran, Social Security _____
(c) Single, widowed, married, divorced

4. Mc (a) Color W
(b) Name of husband or wife _____
(c) Age of husband for wife if alive _____
(d) Date of death Aug 19 = 1939 (Day) (Year)
(e) If less than one year _____

5. 5 (a) Years (b) Months (c) If less than one year _____

6. Birthplace Ky

7. Usual occupation _____
8. Industry or business _____

9. (a) Name Dewey McClard
(b) Birthplace _____
(c) Maiden name Francis Peden
(d) Birthplace Ky

10(a) Deceased's own signature Mrs. F. Peden
(b) Address Glasgow Ky P.F.O.

11. FUNERAL CREMATION, OR OTHER
(a) Place Paper Lunge Date Sept 25, 1939
(b) Signature of funeral director F. O. Williams

12(a) Address Glasgow Ky
(b) Date received by local registrar 9-25-39

13. Signature Clifton Ruchardt (M. D. or other)
Address Glasgow Ky Date signed 9/28/39

14. DURATION _____