

Cynthiana Democrat - September 3, 1942

MRS. NANNIE McCLELLAN

Mrs. Nannie Smith McClellan, widow of Hugh McClellan, died Monday, September 1, 1942, at the home of Mrs. W. H. Ashcraft, on Locust street, where she had an apartment. She was born near Oddville, a daughter of the late Michael D. and Elsie Marshall Smith and was twice married, her first husband, George Mullen, died many years ago, and Mr. McClellan in recent years. ~~Funeral services will be held this~~ afternoon at the Smith-Rees Home at 2 o'clock with the Rev. J. E. Moss officiating. Burial in Battle Grove cemetery. Pall bearers, William, James and Lee Smith, Shirley Toadvine, Russell Sauls and T. S. Mullen. She is survived by a sister, Mrs. R. L. Baker, the last member of a large family. Mrs. McClellan had spent practically her entire life in this community and was a very pleasant person, with many admirable traits which endeared her to relatives and friends. Her passing is regretted by all who knew her. She was a member of the Cynthiana Methodist church.

McClellan, Nannie Lou Smith Mullen 1865 - 1942

N. B.—WRITE PLAINLY WITH **READING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

State File **20035**
 Registrar's No. **733**

COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. R. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

Registration District No. 670 Primary Registration District No. 2240

| | |
|--|---|
| <p>1. PLACE OF DEATH:</p> <p>(a) County <u>HARRISON</u></p> <p>(b) City or town <u>CYNTHIANA</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution: <u>LOCUST STREET</u> <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small></p> | <p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>KENTUCKY</u> (b) County <u>HARRISON</u></p> <p>(c) City or town <u>CYNTHIANA</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>LOCUST STREET</u> <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A. _____ years</p> |
| <p>3(a) FULL NAME <u>MRS NANNIE SMITH MCCLELLAN</u></p> <p>3(b) If veteran, _____ 3(c) Social Security _____</p> <p>Name war _____ No _____</p> <p>4. Sex <u>MALE</u> 5. Color or race <u>WHITE</u> 6(a) Single, widowed, married, divorced <u>WIDOWED</u></p> <p>6(b) Name of husband or wife <u>HUGH MCCLELLAN</u></p> <p>6(c) Age of husband or wife if alive: _____ Years</p> <p>7. Birth date of deceased <u>NOT KNOWN</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min. <u>APPROX 79</u></p> <p>9. Birthplace <u>KENTUCKY</u></p> <p>10. Usual occupation <u>HOUSEWIFE</u></p> <p>11. Industry or business _____</p> | |
| <p>FATHER</p> <p>12. Name <u>MICHAEL SMITH</u></p> <p>13. Birthplace <u>KENTUCKY</u></p> <p>MOTHER</p> <p>14. Maiden name <u>ELBIE MARSHALL</u></p> <p>15. Birthplace <u>VIRGINIA</u></p> | |
| <p>16(a) Informant's own signature <u>Jane Smith</u></p> <p>(b) Address <u>CYNTHIANA KENTUCKY.</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL Place <u>BATTLE GROVE CEM.</u> Date <u>SEPT 3, 19 42</u></p> <p>18(a) Signature of funeral director <u>Smith & Bell Co</u></p> <p>(b) Address <u>CYNTHIANA KENTUCKY</u></p> <p>19(a) <u>Sept 3, 1942</u> (Date received by local registrar) (b) <u>Margaret Mullen</u> (Registrar's signature)</p> | |
| <p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>SEPT 1, 1942</u> 19____</p> <p>21. I hereby certify that I attended the deceased from <u>July 3</u> 19____ to <u>Sept 1 42</u> 19____ that I last saw him alive on <u>Sept 8 23 42</u> 19____ and that death occurred on the date stated above at <u>4:10 A.M.</u> M.</p> <p>Immediate cause of death <u>Hypertention</u> DURATION <u>2 yr</u></p> <p>Due to <u>Coronary occlusion</u> <u>15</u> min.</p> <p>Other conditions <u>None</u> <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings: Of operations <u>No</u> Of autopsy <u>No</u></p> <p>22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) <u>No</u> (b) Date of occurrence _____ (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small></p> <p>While at work? <u>No</u> (b) Means of injury _____</p> <p>23. Signature <u>Jmmes</u> (M. D. or other) Address <u>Cynthiana, Ky</u> Date signed <u>9-3-42</u></p> | |