

FILED JUN 15 1940

Registration District No. 153

Primary Registration District No. 3010

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: Saunder's Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two weeks
(Specify whether years, months or days)

In this community two weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Northland
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ivy McLain

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 43 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 4/20 1943 to 5/15 1943 that I last saw him alive on 5/15 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie McLain

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 14th 1870

Immediate cause of death Coronary Occlusion

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

Due to Arteriosclerosis

9. Birthplace Osage MO
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of the Peace

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/4

11. Industry or business _____

12. Name David McLain

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

14. Maiden name Elizabeth Hughes

15. Birthplace Northland, Mo
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Lillie McLain

(b) Address Northland Mo

17. (a) Burial (b) Date thereof May 17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLain Chapel

18. (a) Signature of funeral director Sealough

(b) Address Cape Girardeau Mo

19. (a) 5-19-43 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

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 J. L. Johnson (M. D. or other) _____

Address Cape Girardeau Mo Date signed 5/17/43

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

16
4

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 643-2

Date Filed 6-7-43

MIRANDA

MIRANDA

1943

1943

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, by
..... Registered Apprentice No.
working under my personal supervision.

Signed

Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Cape Girardeau, 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, fact should be so stated above.