S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27021

FILED SEP 11 1945

Registration District No. 3 Primary Registration District No. 3010 Registrar's No.

1. PLACE OF DEATH: Guardian
(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Southeast Mo Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days. (Specify whether years, months or days)
In this community 12 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16 0 0 1
(c) City or town Neelys Landing
(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 GEORGIA LEE McLAIN
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 Married
6. (b) Name of husband or wife Earl McLain
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb 27 (Month) 1902 (Day) (Year)

8. AGE: Years 43 | Months 6 | Days 2 | If less than one day hr. min.
9. Birthplace Pocahontas Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Frank Starrett
13. Birthplace Neelys Landing Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lou Bowman
15. Birthplace Millersville Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Earl Mc Lain
(b) Address Neelys Landing Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation McLain Chapel Cemetery
18. (a) Signature of funeral director P Miller
(b) Address Jackson, Mo.
19. (a) 9-4-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1945 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from 8-17- 1945 to 8-29- 1945
that I last saw her alive on 8-29- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured appendix	5 days
Generalized Peritonitis	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 2 1 1
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 0
23. Signature D B Elrod (M. D. or other)
Address Cape Girardeau, Mo. Date signed 9-1-45

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 945-1087

Date Filed 9-8-45

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 T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.