

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20848

State File No.

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 185

I. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(c) Name of hospital or institution: Family home 900^{1/2} Broadway
(d) Length of stay: In hospital or institution. All life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau Mo. 16
(d) Street No. 900^{1/2} Broadway
(e) Citizen of foreign country? 0 (Yes or No)
If yes name country

3. (a) PRINT FULL NAME George Price McLain

3. (b) If veteran name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married Divorced, widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 15 - 1864

8. AGE: Years 74 Months 1 Days hr. min.

9. Birthplace Cape Girardeau Mo. O

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER { 12. Name John McLain
13. Birthplace Cape Girardeau Mo. O
14. Maiden name Mary McLain
15. Birthplace Cape Girardeau Mo. O

16. (a) Informant Virginia McLain
(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 6-16-42
(c) Place: burial or cremation Lorraine Church

18. (a) Signature of funeral director
(b) Address Cape Girardeau Mo.

19. (a) 6-16-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from June 10¹² to June 13 1942 and that I last saw him alive on June 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Typhitis

Due to

Due to

Other conditions

Major findings: Of operations 131b

Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. M. Murphy (M. D. or other) Date signed 6-16-42

Address Cape Girardeau

(Specify type of place) While at work: (c) Means of injury

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

16
1
4

1084

RECEIVED

District Health Officer No. 44

District File Number 742-945

Date Filed 7-14-47

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 W. H. Foster

Licensed Embalmer No. 3568

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.