

Registration District No. 125 53

FILED SEP 11 1942 50093010
Primary Registration District No.

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 103 S Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Curtis McLain

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Hattie Abbott McLain 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 28 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months II Days 9 If less than one day hr. min.

9. Birthplace Cape County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Store

11. Industry or business Retail Business

MOTHER FATHER { 12. Name J W McLain
13. Birthplace Cape County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Cathy McLain
15. Birthplace Cape County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J C McLain

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 8-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Creek Chapel

18. (a) Signature of funeral director J. H. Howell

(b) Address Cape Girardeau Mo

19. (a) 8-7-42 (b) J. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1942 hour 5 minute 40 a M.

21. I hereby certify that I attended the deceased from July 12 1942 to Aug 7 1942

that I last saw him alive on Aug 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Phelps (M. D. or other)

Address Cape Girardeau Mo Date signed 8-7-42

1014

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

16
1
4

RECEIVED

District Health Officer No. 4

District File Number 942-1167

Date Filed 9-9-42

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. Ester*

Licensed Embalmer No. 8568

P. O. Address *Cape Girardeau*

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.