

65 FEB 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3086
Do not use this space.

1. PLACE OF DEATH
 (a) County Mercer 7 Registration District No. 558
 (b) Township Harrison 1 Primary Registration District No. 5749
 (c) City (d) Street No. Registered No. 6
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. If of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 2. PRINT FULL NAME 245 Need un-named McRain
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo
 FATHER 13. NAME Harvey A McRain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo
 MOTHER 15. MAIDEN NAME Evelyn Ann Schultzy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota
 17. INFORMANT (ADDRESS) Harvey A McRain
Campbellville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Bell DATE 1/16/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family Burial
Campbellville Mo
 20. FILED 1/16 19 39 J M Perry 1/16-39
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1939
 22. I HEREBY CERTIFY that I attended deceased from January 15, 1939 to January 15, 1939
 I last saw him alive on January 15, 1939 Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:
Premature birth
7 1/2 months
 Date of onset 15/1
 Other contributory causes of importance undeveloped - 15/1
 Name of operation none Date of
 What test confirmed diagnosis? Physical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J M Perry M.D.
Jefferson Mo
 (Address)

Cross of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.