JUN 20 1939

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

18390
Do not use this space.

1. PLACE OF DEATH
(a) County: CLAY CO
(b) Township:
(c) City: EXCELSIOR SPRINGS (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 198
Primary Registration District No. 2011
Registered No. 75

2. PRINT FULL NAME 245 HELEN LOUISE McLAIN
(a) Residence, No. 203 1/2 W Broadway St.
(Usual place of abode, if no street address, write county or city) (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 (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOHNSTON K. McLAIN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4 - 1846
7. AGE: Years 93 Months Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Manchester Ind

FATHER
13. NAME: Albert Eldridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

MOTHER
15. MAIDEN NAME: Elvira Un Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): Ruth Marion Oklahoma City Okla
18. BURIAL, CREMATION, OR REMOVAL PLACE: Masonic cemetery DATE: 5/24/ 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jno Peathey Excelsior Springs Mo
20. FILED: May 29, 1939 Mrs Rue McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939, to May 22, 1939
I last saw her alive on May 21, 1939. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall which occurred Feb 11 1939 - On account of age she never fully recovered Arteriosclerosis was main cause of death	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: Feb 11, 1939
Where did injury occur? At Home Excelsior Springs Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: She fell on floor
Nature of injury: Bruised and sacroiliac dislocated

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) Dr L. L. Fellhauer M.D.
(Address) Excelsior Springs Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Service File Number
Date Filed 6/2/39

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, ...

Siv Hockensmith, or by .....

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

Signed Siv Hockensmith

Licensed Embalmer No. ~~[illegible]~~ 359

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.