

No. 2
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OCT 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32173

Registration District No. 385

Primary Registration District No. 4228

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
108 West 3rd. street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 43 - 8 - 23 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 108 West 3rd., street.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GEORGE HOMER McCLAIN

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

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

6. (b) Name of husband or wife Eva Musgrave McClain 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 24, 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 15 If less than one day hr. _____ min.

9. Birthplace Marion, Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Banker, Retired.

11. Industry or business _____

12. Name James Valentine McClain

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Holley
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. Nelson

(b) Address Willow Springs, Missouri.

17. (a) Burial (b) Date thereof Sep. 11, 1940
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Willow Springs, Mo.

18. (a) Signature of funeral director Hal Thomburg

(b) Address West Plains, Mo.

19. (a) 9-18-40 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day 9
year 1940 hour 7: minute 30 p. M.

21. I hereby certify that I attended the deceased from 1938 to 9-9-1940
that I last saw him alive on 9-9-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 8-13-40
Due to Cerebral Arteriosclerosis 1935

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER

Duration

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? 345
(Specify type of place) (e) Means of injury _____
While at work?

23. Signature F. Callihan (M. D. or other) _____
Address Willow Springs Date signed 9-11-40

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

RECEIVED

District Health Officer No. 5,

District File Number 10901067

Date Filed _____

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, ^{XX} _____,

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Hal Thonburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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, above space should be left blank.