

**APR 15 1941**  
Registration District No. 775

Primary Registration District No. 6020-a

Registrar's No. 21

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Boone Lerne  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME AUSTIN McCLAIN  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Myrtle McClain 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased July 16 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business  
12. Name William McClain  
13. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Williams  
15. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mar Myrtle McClain  
(b) Address Boone Lerne Mo

17. (a) Burial (b) Date thereof March 17, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Beaumont & Co  
(b) Address 313 Beaubien Boone Lerne Mo

19. (a) March 17 1941 (b) H. W. Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Boone Lerne  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from March 13  
1941, to March 15, 1941.  
that I last saw him alive on March 13, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to hypertension  
Due to \_\_\_\_\_  
Other conditions § 21  
(Include pregnancy within 3 months of death)

Duration 2 hrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? none (Specify type of place)  
(e) Means of injury none  
23. Signature W. J. ... (M. D. or other)  
Address Boone Lerne Date signed \_\_\_\_\_

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.

1941 APR 15 1941

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**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 G. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Brownstone Md

**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.**