

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14642**

Registration District No. **329** Primary Registration District No. **3017** Registrar's No. _____

40
1
2

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

1. PLACE OF DEATH:
 (a) County Grundy
 (b) City or town Wentz
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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 Herman Alexander McClain
3. (b) If veteran, name war _____ **3. (c) Social Security No.** 515-10-398416

4. Sex male **5. Color or** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Wright McClain **6. (c) Age of husband or wife if** 56 years
7. Birth date of deceased. Sept 15 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 3 If less than one day
 _____ hr. _____ min.

9. Birthplace. Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation. Horse Trainer

11. Industry or business
MOTHER FATHER
 { **12. Name** John L. McClain
 { **13. Birthplace** Pa. (City, town, or county) 1 (State or foreign country)
 { **14. Maiden name** Angeline Maxson
 { **15. Birthplace** Va. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Jessie McClain
(b) Address E 19th St. Wentz Mo

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2-20-41
(Month) (Day) (Year)
(c) Place: burial or cremation maple grove

18. (a) Signature of funeral director Lehard Stapp
(b) Address Wentz Mo

19. (a) 2-20-41 (Date received local registrar) **(b)** Lehard Stapp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri **(b) County** Grundy **40**
 (c) City or town Wentz **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. E 19th St (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18 year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 1 **1940** to Feb 18 **1941**;
 that I last saw him alive on Feb 18 **1941**;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia **Duration** 3 days

Due to Chronic Pulmonary apical abscess **Several**
Due to _____ **Months**

Other conditions _____ **10**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____ **PHYSICIAN**
 Of autopsy _____ Underlines 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? **300**

23. Signature J. R. Rooks (Specify type of place) **(M. D. or other)** 11
Address Wentz Mo **Date signed** 2/18/41

OCT 16 1946

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

Charles W. Sprou

Licensed Embalmer No. 3109

P. O. Address Horton 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.