L. No. 2
-11-10-39
5-17-39
I X21492

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

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15049

Dr. J. L. Coates

Registration District No. 477 | Primary Registration District No. 200 | Registrar's No. 32

1. PLACE OF DEATH:

(a) County: Lewis

(b) City or town: Rural Reddish

(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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lewis

(c) City or town: Rural Reddish

(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.? ..... years.

3. (a) PRINT FULL NAME: Benjamin McClain

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lucinda Bowen

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: January (Month) 11 (Day) 1852 (Year)

8. AGE: Years 89 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: .....

FATHER
12. Name: Lewis McClain
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Catherine Bowell
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Russell McClain
(b) Address: Williamstown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Williamstown Cemetery

18. (a) Signature of funeral director: Fred J Karle
(b) Address: Kahoka Mo.

19. (a) April 15 1941 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1941 hour 10 minute A M.

21. I hereby certify that I attended the deceased from January 15, 1941 to March 15, 1941 that I last saw him alive on March 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomata of the liver	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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

23. Signature: J L Coates M.D. or other
Address: Lit Bitter Mo. Date signed 4/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-969
Date Filed MAY 20 19[illegible]

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 Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka Mo

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

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