

No. 2
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FILLED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22148**
Registrar's No. **167**

Registration District No. **577**

Primary Registration District No. **3079**

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Hawkins
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucian Eastin McClain

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-07-7958

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

6. (b) Name of husband or wife Clarice 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 1, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 28 hr. min.

9. Birthplace Kinderhook Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Standard Printing Company

12. Name Thomas McClain

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

14. Maiden name Kate Hughes

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

16. (a) Informant Mrs. Lucian McClain

(b) Address 504 Hawkins

17. (a) Burial (b) Date thereof 5/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway

19. (a) June 2-1941 (b) M.C. Fisher
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 12 minute 08 P. M.

21. I hereby certify that I attended the deceased from 5-5
1939 to 5-28 1941.
that I last saw him alive on 5-28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 4 hrs

Due to metastatic carcinoma 15 mo

Due to Carcinoma of stomach 2 yrs

Other conditions Pernicious anemia 14 yrs
(Include pregnancy within 3 months of death)

Major findings: Metastatic carcinoma
Of operations Intestinal obstruction
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? 4 1/2

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

23. Signature Harold Fisher (M. D. or other) (M.D.)

Address Hannibal Mo Date signed 5-31-41

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

24
3
4

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..... *James A. Moles*.....

Licensed Embalmer No..... 3296.....

P. O. Address..... Hannibal Missouri.....

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, fact should be so stated above.