

Mc Lavin
FILLED NOV 11 1941

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Francis Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Scott**
(c) City or town **Oran**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Edwards Mc Lain**

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 **Married**
6. (b) Name of husband or wife **Kora Forester Mc Lain** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Aug 16 1873**
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Oran Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Benjamin F Mc Lain**
13. Birthplace **Oran Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Rebecca Bond**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lew Mc Lain**
(b) Address **Oran Mo**

17. (a) **Burial** (b) Date thereof **10-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friend Cem Oran Mo**

18. (a) Signature of funeral director **B. Splinghoff**

(b) Address **Oran Mo**

19. (a) **10/18-41** (b) **F. W. Phelps**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **15**
year **41** hour **9** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **10/9** 19**41** to **10/15** 19**41**;
that I last saw him alive on **10/15** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock** Duration **12 hrs**

Due to **Surgery**

Due to **SIB**

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

Major findings:
Of operations **Carcinoma of prostate**
Of autopsy **Propry in office**

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 **W. H. Weigat** (M. D. or other) _____
Address **Cape Girardeau Mo** Date signed **10-16-41**

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

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.....

Mame B. Splenghoff

Licensed Embalmer No. *3242*

P. O. Address. *Chaffee 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, fact should be so stated above.