

FILLED NOV 12 1941

Registration District No. 296

Primary Registration District No. 4180

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(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 710 S Oak Street
In this community 2 month 10 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Marvin Henry McLane Jr

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 0

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

7. Birth date of deceased Feb 23 1936
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 7 20 hr. _____ min.

9. Birthplace Bonne Terre, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Marvin Henry McLane
13. Birthplace Bule Missouri
14. Maiden name Marguerite B. Bailey
15. Birthplace Campbell, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Henry McLane Sr.
(b) Address Union, Mo.

17. (a) Removal (b) Date thereof Oct 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Crstal City,

18. (a) Signature of funeral director W. H. ... (Mo.)

(b) Address Union, Mo

19. (a) Oct 15 1941 (b) Louis F. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits write "RURAL")
(d) Street No. 710 S Oak St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1941 hour 5 minute p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, ~~murder, or homicide (specify)~~ Accident
(b) Date of occurrence October 13th, 1941

(c) Where did injury occur? Union, Franklin, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in pond in rear of home

While at work? no (Specify type of place) (e) Means of injury Drowning

23. Signature W. H. ... Acting Coroner
(P. or other)

Address Union, Missouri Date signed _____

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

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 _____

W. H. Stone

Licensed Embalmer No. _____

3175

P. O. Address _____

Union, 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.