S. No. 2
M—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7007

Registration District No. FILED MAR 2 1942 / Primary Registration District No. 4249 Registrar's No. 6

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

50 3 1

**1. PLACE OF DEATH:**

(a) County Jefferson

(b) City or town Festus
(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 Jefferson 50

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Ennis McClain

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

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Susan E. McClain

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

7. Birth date of deceased April (Month) 20th (Day) 1854 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 87 | 8 | 26 | ..... hr. ..... min. |

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Jerry McClain
13. Birthplace Plattin (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Wm. Steiner
(b) Address Festus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Festus Methodist

18. (a) Signature of funeral director Fink Undertaking Co.
(b) Address 222 Main St. Festus, Missouri

19. (a) 1/19/1942 (Date received local registrar) (b) J. E. Rutledge M.D. (Registrar's signature)

582 (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 16th year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from November 8, 1937, to January 16, 1942 that I last saw him alive on January 16, 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic myocarditis | |
| Arteriosclerosis | |
| Due to | |
| Due to | |
| Other conditions Parkinsonism (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 93d
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

Signature Bertalan Balogh (M. D. or other)
Address Festus, Mo Date signed 1/22/42

## 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~~

Eleuan Province ~~Registered Apprentice No~~

~~working under my personal supervision~~

Signed E Province

Licensed Embalmer No. 3403

P. O. Address Festus, 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.**