No. 2
5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38148

FILED DEC 8 1943

Registration District No. 1634

Primary Registration District No. 5418

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden R. R. 1
(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 Dunklin 35
(c) City or town Malden, Rural 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

3. (a) PRINT FULL NAME Ethelbert McLain

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced /

6. (b) Name of husband or wife Ida Bell McLain

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan. (Month) 12 (Day), 1871 (Year)

8. AGE: Years 72 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name James McLain
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Martha Ellis
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant James Alpha McLain
(b) Address Malden, Mo. R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Caruthersville Mo.

19. (a) 11-20-43 (Date received local registrar) (b) N. D. Elder (Registrar's signature)

1288

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1943 hour minute 4:40 A.M.

21. I hereby certify that I attended the deceased from Nov. 14, 1943, to Nov. 17, 1943, that I last saw him alive on Nov. 16-1943, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asthma	7 days
Due to: Apoplexy	3 yrs.
Due to: Arterial Sclerosis	5 or 6 days
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Tony Beck M.D. (M. D. or other)
Address Malden Mo. Date signed 12/1/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1243-1507
Date Filed 12-6-43

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.