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M-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8020**

FILED MAR 28 1944  
Registration District No. **280**

Primary Registration District No. **5962**

Registrar's No. **31**

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural - Marshall Twp  
(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 no  
(Specify whether)

In this community entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte **83**

(c) City or town Rural  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. Marshall Township  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ethel McClain

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Harry McClain

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 26 1874  
(Month) (Day) (Year)

8. AGE: 70 Years 0 Months 23 Days  
If less than one day hr. min.

9. Birthplace Platte Marshall Township Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William A. Anno

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

14. Maiden name Melissa McDaniels

15. Birthplace Platte Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry McClain

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Feb. 20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Bethel Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Missouri

19. (a) Feb. 20-44 (b) Mrs. Clay Rifflee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Feb 1  
1944 to Feb 18 1944  
that I last saw her alive on Feb. 18 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 days

Due to Arteriosclerosis

Due to

Other conditions J3a  
(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) None

(b) Date of occurrence

(c) Where did injury occur? None  
(City or town) (County) (State)

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

While at work 2 (Specify type of place) (e) Means of injury

23. Signature R. L. Felling (M. D. or other) D.O.

Address Weston, Mo Date signed 2/18/44

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 3-44-23

Date Filed 3-1-44

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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. R. Jaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.**