

FILED MAY 10 1944

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 137

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:
Southeast Mo. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 725 So. Fountain Street 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Gertie Ann McClain

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife C.C. McClain 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 8th 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 7 hr. min.

9. Birthplace Effingham Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jerry Morris
 13. Birthplace Jamesville Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Patron
 15. Birthplace Jamesville Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant C.C. McClain
 (b) Address Cape Girardeau, Missouri
 17. (a) Burial (b) Date thereof 4-19-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director L.L. Haman
 (b) Address Cape Girardeau Missouri
 19. (a) 4-21-44 (b) F. W. Phelps
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
 year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from April 11th 1944 to April 15th 1944
 that I last saw her alive on April 15 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death S. shock Duration 3 hrs

Due to Myocardial infarction
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Dysrhythmia - Enlarged return, fluidity + irregularity
 Of autopsy inverted

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 0

23. Signature F. W. Phelps (M. D. or other)
 Address Cape Girardeau Mo Date signed 4/21/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 544-3

Date Filed 5-8-41

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 *Howard B. Haman*

Licensed Embalmer No. 4122

P. O. Address *Cape Charles*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 137

Registration District No. 53 Primary Registration District No. 3010

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

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 _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Bette A. McClain
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased aug 8 1906
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

20. DATE OF DEATH: Month April day 15 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Shock

Duration 2 hr -
Hysterectomy
Due to _____
Due to 25:2

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Physiologist's report - Enlarged white drusey - Shock
Of operations _____
Of autopsy Shock
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. West (M.D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

W.H. Meserole M.D.
Cape Cod, MA

14354