S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34764

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 325

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1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2400 Lilly
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 2400 Lilly
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lem F. McClain
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 Widowed
6. (b) Name of husband or wife Lilly Mae
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 10 (Day) 1877 (Year)

8. AGE: Years 67 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Galesburg (City, town, or county) Ill (State or foreign country)
10. Usual occupation Trucker
11. Industry or business
FATHER
12. Name George McClain
13. Birthplace — (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Lem W. McClain
(b) Address 2400 Lilly Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cem
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 10-16-44 (Date received local registrar) (b) R H Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1944 hour 12 05 minute 9 M.
21. I hereby certify that I attended the deceased from Jan. 1 1943 to Oct. 13 1944;
that I last saw him alive on Oct. 12 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	1 wk
Due to Pylo-nephritis	3 mo
Due to Urinary Obstruction due to Prostatic Hypertrophy	1 y.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 132.1
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 H Morton O (M. D. ~~or other~~)
Address Hannibal Mo Date signed Oct. 13-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P.O. Address Hannibal 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.