

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

**FILED** OCT 17 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **34056**

Registration District No. 170

Primary Registration District No. 5631

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Laclede  
(b) City or town Stoutland Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Stoutland Mo 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all his life (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Laclede  
(c) City or town Stoutland Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mayfield Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA MISSOURI McCAIN

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 Widowed  
6. (b) Name of husband or wife Wm McCain 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 9 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 5 3 hr. min.

9. Birthplace Candler County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John C Evans

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

14. Maiden name Sallie Hillhouse

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

16. (a) Informant May Evans

(b) Address Stoutland Mo

17. (a) burial (b) Date thereof Aug. 13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoutland Cemetery

18. (a) Signature of funeral director Chas. J. ...

(b) Address Stoutland Mo

19. (a) Sept 16, 1945 (b) Ch. H. Frankelberger  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 12th  
year 1945 hour 19 minute 30  
21. I hereby certify that I attended the deceased from Aug 12th  
1945 to Aug 12th 1945  
that I last saw her alive on Aug 12 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: C.E. Carlton  
Of operations \_\_\_\_\_  
Of autopsy (?)

Duration 2 1/2 hours  
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 C.E. Carlton (M. D. or other) \_\_\_\_\_  
Address Stoutland Mo Date signed Aug 13 1945

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

53  
0  
0

1463

(Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 9-45-132 .....

Date Filed 10/16/45 .....

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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.

*This body was not  
Embalmed.*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**