

Registration District No. **128**  
**MAR 12 1946**  
Primary Registration District No. **5466**

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town S. Campbell Twp, Rural  
(c) Name of hospital or institution: Medical Center for Federal Prisoners  
(d) Length of stay: In hospital or institution 31 days  
In this community 31 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Georgia (b) County Troup  
(c) City or town LaGrange  
(d) Street No. 603 Jenkins Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME McCain, Olin G. #5463-H  
(b) If veteran, name war Unk. (c) Social Security No. Unk.

20. DATE OF DEATH: Month February day 4  
year 1946 hour 6 minute 41 P.M.  
21. I hereby certify that I attended the deceased from January 4  
1946, to February 4, 1946;  
that I last saw him alive on February 4, 1946;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Myrtle Leo McCain 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased August 4, 1910

Immediate cause of death Bronchopneumonia, right lung  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Dementia precox, catatonic  
type \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
39	6	0	hr. min.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 107

9. Birthplace Wadoven, Alabama  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name James R. McCain  
13. Birthplace Unk., Alabama ?  
14. Maiden name Perfona Bolt  
15. Birthplace Unk., Alabama

16. (a) Informant File  
(b) Address MCEP  
17. (a) Removal (b) Date thereof Feb. 5, 1946  
(c) Place: burial or cremation LaGrange, Georgia

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? \_\_\_\_\_  
(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 E. W. ... (M. D. ...)  
Address Medical Center for Fed. Prisoners Date signed 2-5-46

18. (a) Signature of funeral director Fred C. Thieme  
(b) Address Spfd., Mo.  
19. (a) 2-5-46 (b) W. H. ...

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

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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... *Ralph K. Truitt* .....

Licensed Embalmer No. *3681* .....

P. O. Address *Springfield, 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.**

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