

FILED MAR 25 1947
Registration District No. 33

Primary Registration District No. 3010

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

1. PLACE OF DEATH: Cape Girardeau

(a) County: Cape Girardeau Mo.

(b) City or town: Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days Hospital
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: William H. McLain

3. (b) If veteran, name war: _____

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Anna McLain

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: August 15 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>27</u>	hr. _____ min.

9. Birthplace: Perryville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: Walter McLain

13. Birthplace: New Madrid Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Cessie Watkins

15. Birthplace: New Madrid Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Anna McLain

(b) Address: Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-1947
(Month) (Day) (Year)

(c) Place: burial or cremation: Perryville Mo.

18. (a) Signature of funeral director: Young & Sons

(b) Address: Perryville Mo.

19. (a) 3-19-1947 (Date received local registrar) (b) G. C. Summers (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

(c) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1947 hour 6 minute 25 P.

21. I hereby certify that I attended the deceased from March 8, 1947, to March 12, 1947;
that I last saw him alive on March 12, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death: Interlobar pneumonia, fracture left hip.

Duration
<u>4 days</u>
<u>3 days</u>

Due to: _____

Due to: _____

Other conditions: _____
(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): Fall at home

(b) Date of occurrence: March 8 - 1947

(c) Where did injury occur? Perryville, Perry Mo.
(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) (c) Means of injury: Fall

23. Signature: R. G. Ritter, M.D. (M. D. or other)

Address: Cape Girardeau Mo. Date signed: 3-18-47

RECEIVED

District Health Officer No. 4
District File Number 247-399
Date Filed 3-24-47

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.....

Frederic N. Bone

....., Registered Apprentice No. 510

working under my personal supervision.

Signed Wallace Young

..... Licensed Embalmer No. 4027

..... P. O. Address Perryville 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.