S. No. 2
M—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 APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14011

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 23 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")
(d) Street No. General delivery, N. 24 St 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Andrew McCain
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 24 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
92	7	28	hr. min.

9. Birthplace Hickory Co. (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Wm A McCain
13. Birthplace Not Known (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Moore
15. Birthplace Penn (City, town, or county) (State or foreign country) 1
16. (a) Informant Andrew McCain
(b) Address Lexington Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 22 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Preston Mo
18. (a) Signature of funeral director Forrest E Tempel
(b) Address Lexington Mo
19. (a) 23 Mar 47 (Date received local registrar) (b) Minnie E Eudelhuck (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1947 hour ..... minute 3 30 p M.
21. I hereby certify that I attended the deceased from called as acting coroner, 19....; that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death natural causes coronary occlusion	
Due to Arteriosclerosis & senility	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations no operation	
Of autopsy no 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) no
(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? 8
(Specify type of place)
While at work? (e) Means of injury
23. Signature W E Martin MD acting coroner (M. D. or other)
Address Odessa Mo Date signed 2-22-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-23-47

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Geo. McNear

Licensed Embalmer No. 2983

P. O. Address Lumpkin Ga

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.