

Registration District No. **301**

Primary Registration District No. **4450**

Registrar's No. **7239**

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

1. PLACE OF DEATH:

(a) County Douglas Ripley

(b) City or town Douglas Ripley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Douglas Ripley
(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 _____

3. (a) PRINT FULL NAME Martha C. McClain

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

5. Color or race Female White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. H. McClain

6. (c) Age of husband or wife if deceased _____ years

7. Birth date of deceased Sept. 18, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>9</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Wesley Co., Tenn.
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Lawler

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Robt. Harrison

(b) Address Douglas Ripley Mo.

17. (a) Burial (b) Date thereof 7-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

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

(b) Address Douglas Ripley Mo.

19. (a) 7-25-47 (b) C. B. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 5:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from 7-1-47 to 7-14-47
that I last saw her alive on 7-13-47
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
cerebral hemorrhage
apoplexy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations g. d. ?

Of autopsy _____

Duration _____

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 J. J. Johnson (M. D. or other)
Address Douglas Ripley Date signed 7/20/47

RECEIVED

District

Case No. 5

District

847445

Date Filed

8-30-47

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 *H. Jordan*

Licensed Embalmer No. *32001*

P. O. Address *Doniphan*

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.