

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 16 1948

Registration District No. 338 Primary Registration District No. 4501

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oreille McClain

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 15 1946 to Feb 10 1948 that I last saw h. alive on Feb 10 1948 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 Bertie McClain 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct 8 1893  
(Month) (Day) (Year)

Immediate cause of death Epidemic carcinoma right leg

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

54 4 17 hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions Regional metastasis of above.  
(Include pregnancy within 3 months of death)

Major findings: High carcinoma of operations

Of autopsy 55E

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

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

12. Name Mayo McClain

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

14. Maiden name Marjorie Croffert

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertie McClain  
(b) Address Bloomfield Mo

17. (a) Burial (b) Date thereof Feb 27 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Walters Funeral Service Inc.  
(b) Address Bloomfield Mo

19. (a) Lee Webber 3-5-48  
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Davis (M. D. or other) MD  
Address Bloomfield Mo Date signed 3-2-48

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

RECEIVED

District Health Office No. 2,

District File Number 348-332

Date Filed 5-8-48

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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 Ryan Steele

Licensed Embalmer No. 7476

P. O. Address Weyton 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.**