

FILED JUL 8 1948

Registration District No. 27Primary Registration District No. 3002Registrar's No. 65

1. PLACE OF DEATH:

(a) County BATES
 (b) City or town BUTLER
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MEMORIAL HOSPITAL - 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 MONTH (Specify whether
 years, months or days) X

3. (a) PRINT FULL NAME JULIA MCCLAIN3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife WIM MCCLAIN
 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased JULY 17 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>30</u>	hr. min.

9. Birthplace ROUND PRAIRIE MO 0
(City, town, or county) (State or foreign country)10. Usual occupation HUSBAND11. Industry or business -

MOTHER FATHER {
 12. Name JOE MELTON
 13. Birthplace ROUND PRAIRIE MO 0
 (City, town, or county) (State or foreign country)
 14. Maiden name SARAH HENRY
 15. Birthplace UNKOWN 9
 (City, town, or county) (State or foreign country)

16. (a) Informant WIM MCCLAIN
 (b) Address RICH HILL MO
 17. (a) BURIAL (b) Date thereof X 6-17-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GREENLAWN

18. (a) Signature of funeral director DOOTHY
 (b) Address RICH HILL MO
 19. (a) 6-22-48 (b) Kendall Kersey
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Bates 7
 (c) City or town RICH HILL MO. 2
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. S. 6th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15
year 1948 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from May 22^d 1948 to June 15th 1948
 that I last saw her alive on June 15th 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia
 Due to Diabetic Gangrene

Due to Diabetes Mellitus
 Other conditions -
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations -
 Of autopsy 61

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?

(Specify type of place)
 (a) While at work (b) Means of injury 0
 23. Signature Cartey W. Butler MD. (M. D. or other) 6/24/48
 Address Bates Mo. Date signed 6/24/48

RECEIVED

District Health Officer No. 7

District File Number 6-48-746

Date Filed 7-7-48

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.....

Robert G. Steinbeck

Registered Apprentice No. 200

working under my personal supervision.

Signed

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.