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

1. PLACE OF DEATH:  
(a) County Webster  
(b) City or town Rural, Webster  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(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 Webster  
(c) City or town Rural (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 DORA. Elizabeth. CAIN.

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife husband 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec 7 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 8 7 hr. min.

9. Birthplace Webster Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Andrew Mc. Cormick

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

14. Maiden name Elizabeth Carpenter

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

16. (a) Informant Wm. W. Cain  
(b) Address Seymour

17. (a) Burial (b) Date thereof Aug 16-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director Kelly - Ferrell  
(b) Address Seymour

19. (a) Aug 20 (b) Kelly Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 14  
year 1942 hour 11:00 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 13 to Aug 14 1942, that I last saw him alive on Aug 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebriform pneumonia

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

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Edy Beers (M. D. or other)

Address Seymour Mo Date signed 9-14-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1007

RECEIVED

District Health Officer No. 6,

District File Number 942-1379

Date Filed SEP 10 1942

FOR THE DISTRICT HEALTH OFFICER

EMERALD  
MILLS  
1822  
MIA

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. H. Kelley*

Licensed Embalmer No. 3334

P. O. Address.....

*Raymond M. M.*

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.