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M-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2636

State File No.

Registrar's No. 11

REG FEB 14 1944 98

Registration District No.

Primary Registration District No. 4159

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

1. PLACE OF DEATH: *Davies*

(a) County *Davies*

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

(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community *Entire life* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Davies*

(c) City or town *Pattonsburg*
(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 *A*

3. (a) PRINT FULL NAME *John C Cain*

3. (b) If veteran, name war *✓*

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* day *8*
year *1944* hour _____ minute *14* M.

21. I hereby certify that I attended the deceased from *Jan 8 - 1944*
to *Jan 8 - 1944*
that I last saw *him* alive on *Jan 8 - 1944*
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 *Ann Cain*

6. (c) Age of husband or wife if alive *69* years

7. Birth date of deceased *Oct 8 1873*
(Month) (Day) (Year)

Immediate cause of death _____

Due to *Coronary Thrombosis*

Due to _____

Other conditions (Include pregnancy within 3 months of death) *940*

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

70 *3* *0* _____ hr. _____ min.

9. Birthplace *de Kalf Co Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business *Laborer*

12. Name *Geo Cain*

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

14. Maiden name *Unknown*

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

16. (a) Informant *Mrs John C Cain*

(b) Address *Pattonsburg Mo*

17. (a) *Burial* (b) Date thereof *1-10-44*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *2002 Cemetery*

18. (a) Signature of funeral director *Abraham*

(b) Address *Pattonsburg Mo*

19. (a) *1-27-1944* (b) *A. C. Dickerson*
(Date received local registrar) (Registrar's signature)

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 *John F. Harker* (M. D. or other) _____
Address *Pattonsburg* Date signed *Jan 9/44*

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 *G. L. Gerner*.....

Licensed Embalmer No. 2857.....

P. O. Address *Pattersonburg no*.....

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.