No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5411

Registration District No. 140 | Primary Registration District No. 5546 | Registrar's No. 10

**1. PLACE OF DEATH:**
(a) County: Howard
(b) City or town: Rural
(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 years, months or days)
In this community: 11 mo.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Howard
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. 1 New Franklin Mo.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: ANNA 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: Widowed
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 24 (Day) 1875 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 7 | 8. | ____ hr. ____ min. |

9. Birthplace: Callaway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: At Home
11. Industry or business ____
FATHER
12. Name: Henry Kesler
13. Birthplace: (City, town, or county) Va. (State or foreign country)
MOTHER
14. Maiden name: Mary Elizabeth Foster
15. Birthplace: Osage Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. James Miller
(b) Address: Franklin Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mokane, Mo.
18. (a) Signature of funeral director: C. S. Duncan
(b) Address: New Franklin Mo
19. (a) 2-3-46 (Date received local registrar) (b) Dorothy Jean Sadler (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 2. year 1946 hour 11 minute 15 a.m.
21. I hereby certify that I attended the deceased from Jan 10, 1946 to Jan 31, 1946 that I last saw her alive on Jan 31, 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis | unknown |
| Due to: arteriosclerosis | unknown |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): — | |
| Major findings: Of operations: none | |
| Of autopsy: none | |

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: L. L. Chamberlain (M. D. or other)
Address: New Franklin Date signed: 2-8-46

12-3

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Officer No. 8,
District File Number _____
Date Filed 3-8-46

MAR 19 1946

## 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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.**