

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12977**

FILED MAY 12 1947

Registration District No. **78**

Primary Registration District No. **5357**

Registrar's No. **41**

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Rural Benton Sup.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Benton Twp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Gerald Lee Cain
 3. (b) If veteran, name war _____
 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced ✓ 0
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 6 47
(Month) (Day) (Year)

8. AGE: Years X Months 21 Days 11
 If less than one day
 hr. _____ min.

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

10. Usual occupation ✓

11. Industry or business _____

MOTHER FATHER
 12. Name Ivas Reno Cain
 13. Birthplace McFall Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Grace woody Grubb
 15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ivas R. Cain
 (b) Address McFall, Mo

17. (a) Burial (b) Date thereof 3/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McFall Mo

18. (a) Signature of funeral director S. L. Brown

(b) Address Pattonburg Mo

19. (a) 4-5-47 (b) Regina M. English
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Gentry **38**
 (c) City or town McFall **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no **1**
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 17
 year 1947 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 17
1947, to March 17, 1947;
 that I last saw him alive on March 17, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia **11 days**
 Due to Unknown

Due to _____
 Other conditions Influenza cold **?**
(Include pregnancy within 6 months of death)

PHYSICIAN
 Major findings: 159
 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?

(Specify type of place)
 While at work? _____ (e) Means of injury 2
 23. Signature B. Lee Shelhorse (M.D. or other) DO
 Address Pattonburg Mo Date signed 3-14-47

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

DISTRICT HEALTH OFFICE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. S. Gromer*.....
F4

Licensed Embalmer No. *2857*.....

P. O. Address *Pattonsburg 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.