

FILED MAY 19 1947
134

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17261

Registration District No. _____

Primary Registration District No. 536-5535

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon-Rural Hickory Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 Years
years, months or days)

3. (a) PRINT FULL NAME MARY MARGARET 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 James Cain 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: June 15 1860
(Month) (Day) (Year)

8. AGE: Years Months Days
86 10 23
If less than one day _____ hr. _____ min.

9. Birthplace Sabina Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Michael Mahon
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Mary
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jessie Cain
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof May 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Oregon Mo.

19. (a) May 9 1947 (b) J. Mahon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Oregon-Rural Hickory Township 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from March 1940 to May 3 1947
that I last saw alive on April 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration 7950

Due to _____
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? none
(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 0

23. Signature E. F. Tullerney (M. D. or other)
Address Oregon Mo. Date signed 5/18/47

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

14
6
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon, 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.