S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1947
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20737

Primary Registration District No. 3023

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Henry Co.

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

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

(d) Length of stay: In hospital or institution 1 Hour - 10 Min (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair

(c) City or town Lowry City Mo (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) R 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Isaac Abraham Cain

3. (b) If veteran, name war — No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Nellie

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

7. Birth date of deceased May (Month) 21 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	2	hr. min.

9. Birthplace Lavilla (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name George Edward Cain

13. Birthplace Not Given (City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Not Given (City, town, or county) (State or foreign country)

16. (a) Informant Mack L. Cain

(b) Address Passaic Mo.

17. (a) Burial — Removal (Burial, cremation, or removal) (b) Date thereof 6 (Month) 26 (Day) 1947 (Year)

(c) Place: burial or cremation Canton Okla

18. (a) Signature of funeral director H. C. Austin

(b) Address Lowry City Mo.

19. (a) 6-30-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1947 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-23-47, 19..., to 6-23-47, 19...; that I last saw him alive on 6-23-47, 19...; and that death occurred on the date and hour stated above.

Duration
Immediate cause of death: Shock & Hemmorrage — 3 Hr
Due to: being Run over by Train Punching abdomen Fracture
Due to: Crush of leg
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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) Accident

(b) Date of occurrence 6-23-47

(c) Where did injury occur? Lowry City (City or town) St Clair (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? R. R. Crossing (Specify type of place)

While at work? No (e) Means of injury

23. Signature J. J. Sivalfen (M. D. or other) MD

Address Clinton Mo Date signed 6-24-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-42
Date Filed 7-7-42

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. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City Missouri

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.