

S. No. 2
DM-5-43
v. 5-17-39
I X36571

FILED JUN 26 1947

Registration District No. **301**

Primary Registration District No. **6042**

Registrar's No. **2219**

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

1. PLACE OF DEATH: **Ripley**

(a) County **Ripley**

(b) City or town **Oxly Rural**
(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 **34 years** (Specify whether years, months or days)

In this community **34 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley**

(c) City or town **Oxly Rural**
(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 _____

3. (a) PRINT FULL NAME **Sarah Anna Kane**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1947** hour **4** minute **P.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) ~~Single~~ **Married**

6. (b) Name of husband or wife **Oral Kane**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Feb. 16, 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-2**, 19**47**, to **5-6**, 19**47**

that I last saw her alive on **5-6**, 19**47**
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **2** Days **22**
If less than one day hr. _____ min. _____

Immediate cause of death **Cancer of liver**

Duration _____

9. Birthplace **Lincoln County Mo.**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) **None**

11. Industry or business _____

12. Name **David Terry**

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

14. Maiden name **Mary Caster**

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

Major findings: **None**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Oral Kane**

(b) Address **Oxly Mo.**

17. (a) **Burial** (b) Date thereof **5-9-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Amity Cemt.**

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? _____

18. (a) Signature of funeral director **Black-Edwards**

(b) Address **Douglas Mo.**

19. (a) **5-21-47** (b) **J. Johnston**
(Date received local registrar) (Registrar's signature)

White at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **J. Edwin Adams**
Address **Douglas, Mo.** Date signed **5-21-47**

RECEIVED

District Health Officer No. 5,

District File Number 647-242

Date Filed 6-25-47

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.