

No. 2  
12-45  
17-39  
X47070

FILED AUG 8 1947

Registration District No. 277

Primary Registration District No. 44 68

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

1. PLACE OF DEATH:

(a) County St. Genevive

(b) City or town St. Marys Mo.  
(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 67-6-9 (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevive

(c) City or town St. Marys Mo.  
(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 Maggie L. Cairns

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Williams Cairns

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

7. Birth date of deceased: January 3 1880  
(Month) (Day) (Year)

8. AGE: 67 Years 6 Months 9 Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Ward

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

14. Maiden name Sarah Ratcliff

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

16. (a) Informant Mrs Henry Taylor

(b) Address St Marys Mo.

17. (a) Burial (b) Date thereof 7-15-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Jul 17-47 (b) Thomas M. Kael  
(Date received local registrar) (Registrar's signature) 2-50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Nov. 27  
1946, to July 12, 1947  
that I last saw her alive on July 5th, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardio Vascular Renal Disease of yrs.  
with hyper-tension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 035

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 0

23. Signature Arthur E. Sawyer (M. D. or other) M.D.

Address St. Genevive Mo. Date signed 7-8-47

RECEIVED

District Health Officer No. 4

File Number 847-1022

Date Filed 8-2-47

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.....

Frederic W. Bone

Registered Apprentice No. 510

working under my personal supervision.

Signed Kallae Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Md.

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.