

FILED OCT 27 1947

State File No. _____

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Aurora _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James J. Bain

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1947 hour 8 minute 40 A.M.

4. Sex m 5. Color or race wh

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

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

7. Birth date of deceased Jan. 8 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1946 to Sept. 21 1947
that I last saw him alive on July 10 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 8 13 hr. min.

Immediate cause of death Coronary Thrombosis

Due to Coronary artery disease _____ years.

Due to Chronic myocarditis _____

9. Birthplace Christian County Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John W. Bain

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

14. Maiden name Cynthia Kessinger

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Pearl Bain

(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 9-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Republic Cem.

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 J. Harris King

(b) Address Aurora, Mo.

19. (a) Oct 13 - 47 (b) Orla Mc Nath
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A.P. Loyd M.D. (M. D. or other)

Address Aurora, Mo. Date signed 9-23-47

RECEIVED

District Health Officer No. 6,

District File Number 1047-1108

Date Filed OCT 25 1947

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.....

Walter S. Cobb

Registered Apprentice No. 94

working under my personal supervision.

Signed *Johnnie King*

Licensed Embalmer No. 3529

P. O. Address Aurora, 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.