

X47070

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

FILED MAY 7 1948

Registration District No. **274**

Primary Registration District No. **5935**

Registrar's No. **124**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia R. R. 4**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **County Home 5**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **About 14 mo.**
Life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Taylor Cain
3. (b) If veteran, name war: **3. (c) Social Security No.:**

4. Sex M. 0 **5. Color or race W.** **6. (a) Single, widowed, married, divorced Single 0**
6. (b) Name of husband or wife: **6. (c) Age of husband or wife if alive: years**
7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years **81** Months **Unknown** Days **Unknown** If less than one day hr. min.

9. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)
10. Usual occupation Real Estate -- Retired

11. Industry or business:
12. Name Frank Cain
13. Birthplace Winston Salem North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. P. Harms - Supt. County Home
(b) Address County Home, Georgetown Road
17. (a) Burial (b) Date thereof 4/28/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director: Geo. Willard
(b) Address Sedalia, Mo.
19. (a) 4/28/48 (b) Betty Yeager
(Date received local registrar) (City, town, or county) (Signature of registrar or deputy registrar)
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia -- Route #4**
(If outside city or town limits, write "RURAL")
(d) Street No. **County Home -- Georgetown Road**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APR. day 27
year **1948** hour **12** minute **05 A.M.**
21. I hereby certify that I attended the deceased from April 15 to April 27 1948
that I last saw him live on **April 26** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Virus Typhus Pneumonia**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **10977**
Of autopsy _____
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 _____
23. Signature: [Signature] (M.D. or other)
Address **Sedalia Mo** Date signed **4/28/48**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-48

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.....

Frank S. Coffman Jr., Registered Apprentice No. *16*
working under my personal supervision.

Signed *John A. Cantlon*
Licensed Embalmer No. *4387*

P. O. Address *Sedalia, 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.