

S. No. 2
M-5-43
5-17
I X36071

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15916

FILED MAY 18 1948

State File No. _____
Registrar's No. 62

Registration District No. 774 Primary Registration District No. 4186

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan

(c) Name of hospital or institution: 103 N. Park Ave.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Dora Ann Cain

3. (b) If veteran, name war. No.

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 Hiram Jackson Cain

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

7. Birth date of deceased Aug. 26 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	8	16	hr. min.
----	---	----	----------

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Boone Tyree

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

14. Maiden name Elien Nancy Gilla
(City, town, or county) (State or foreign country)

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

16. (a) Informant Roy A. Tyree

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof May 13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Sullivan, Mo.

18. (a) Signature of funeral director Wm. P. Chaffer

(b) Address Sullivan, Mo.

19. (a) 5-12-48 (b) Ed Driscoll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

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

(d) Street No. 103 N. Park Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 7
1948 to May 12 1948

that I last saw her alive on May 12 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 5 days

Apoplexy

Due to _____

Due to _____

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) _____

(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) (Means of injury)

23. Signature Wm. P. Chaffer (M. D. or other) _____
Address Sullivan, Mo. Date signed 5/17/48

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

640

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 17 1948

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

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *Sullivan, 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.