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17-39

National Office of Vital Statistics

FILED NOV 16 1948

STANDARD CERTIFICATE OF DEATH

State File No. 35859

Registration District No. 33 — Primary Registration District No. 3010 — Registrar's No. 346

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town —
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 87 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir. 16
(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")
(d) Street No. 315 Broadway 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann McCain

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H.C

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Oct (Month) 27 (Day) 1861 (Year)

8. AGE: Years 87 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation — Retired

11. Industry or business

FATHER
12. Name Unk - Dishman
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Vaseline
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant S. McCain
(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joe G. Howell
(b) Address Cape Girardeau Mo

19. (a) 11-11-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1948 hour 9 minute 17A M.

21. I hereby certify that I attended the deceased from Jan. 17, 1948, to Nov. 9, 1948; that I last saw her alive on Nov 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left breast	Yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Charles F. Wilson (M. D. or other) M.D.
Address 727 Broadway Date signed 11-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Cape Girardeau, Mo.

RECEIVED

District Health Officer No. 4

Dist. at File Number 1148-1410

Date Filed 11-15-48

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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Gir 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.