

THE STATE BOARD OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40800

FILED JAN 10 1949

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Mercer
(b) City or town Madison Twp.
(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 Life
years, months or days)

3. (a) PRINT
FULL NAME Addie Bain

3. (b) If veteran, name war 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard Bain 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 5 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 23 hr. min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

- MOTHER FATHER { 12. Name William Roberts
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Susan Little
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Bain
(b) Address Mill Grove, Mo.
17. (a) Burial (b) Date thereof 12-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Ceme.

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 12-31-48 (b) m-j. Ruth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer 65
(c) City or town Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. Near Modena, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Decemben day 28
year 1948 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8-5-48 to 12-28-48, 19
that I last saw h. er alive on 12-27, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death congestion of the lung Duration 6wk

Due to myocarditis 6 mo.

Due to

Other conditions
(Include pregnancy within 5 months of death)

Major findings:
Of operations 936

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 2
23. Signature Byron J. Cattel (M. D. or other) D.O.
Address Princeton, Mo. Date signed 12/29/48

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

Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Ivan Martin

Licensed Embalmer No.

3760

P. O. Address

Peru, 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.