No. 2
5-42
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2969

FILED FEB 14 1944

Registration District No. ____ Primary Registration District No. 5494 Registrar's No. ____

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

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Rural Madison Township
(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 ____ In this community: 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Harrison
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles N. W. of Cainsville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Mary Elizabeth Bain
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: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: February 26 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	10	23	____ hr. ____ min.

9. Birthplace: Madison Twp. Harrison Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: ____
12. Name of father: William Hall
13. Birthplace of father: Maryland (City, town, or county) (State or foreign country)
14. Maiden name of mother: Elizabeth Elliot
15. Birthplace of mother: Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant: Hazel Bain
(b) Address: Cainsville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 22, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Glass Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Cainsville, Missouri.
19. (a) Jan 23-44 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1944 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from June, 19__, to Jan 20, 1944; that I last saw her alive on Jan 19, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration: 4 yrs.
Due to: Arteriosclerosis
Due to: Senility
Other conditions (Include pregnancy within 3 months of death): 93d
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? (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: James B. Hya. (M.D. or other) D.O.
Address: Blythedale, Missouri. Date signed 1/21/4

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(Licensed Embalmer's Statement on Reverse Side)

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~~

Eddie J. Stoklasa, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.