

Registration District No. 47 Primary Registration District No. 3008

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hosp No 1. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
In this community Same (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bole 14
(c) City or town Jefferson City. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 511 Franklin St. 2
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cain, Stewart.

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

4. Sex M.D. 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased D.K.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>			hr. min.

9. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

10. Usual occupation D.K.

11. Industry or business _____

12. Name D.K. 9

13. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Fulton Mo.

17. (a) None (b) Date thereof 1/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elston, Mo. Cem.

18. (a) Signature of funeral director Boulton Funeral

(b) Address California, Mo., near

19. (a) 1-14-1947 (b) John Norumbetta
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 12 1947 to Jan 13 1947
that I last saw him alive on Jan 13-47 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93D
Of autopsy _____

Duration _____
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) (e) Means of injury _____

23. Signature J. Temperance M.D. (M. D. or other) _____

Address Fulton Mo. Date signed 1-13/47

RECEIVED
District Health Officer No. 9
District File Number
Case Filed JAN 21 1947

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

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, 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.