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6085

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

MAR 11 1947

318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 2121

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bertha Ann Cain**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Richard B. Cain**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **OCTOBER 27 1899**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **28**  
year **1947** hour **1** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **119 February 1947**, to **28 February 1947**; that I last saw her alive on **28 February 1947**; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>47</b>	<b>4</b>	<b>1</b>	hr. _____ min.

Immediate cause of death **Leukemia, acute lymphatic**

Duration **3 mos.**

9. Birthplace **Sullivan Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Avery Hansel** **9**

{ 13. Birthplace **Unknown** **1**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Sally Neff** **1**

{ 15. Birthplace **Unknown** **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard B. Cain**

(b) Address **Sullivan, Mo.**

17. (a) **Burial** (b) Date thereof **3-3-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sullivan, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 2 1947** (b) **J. J. Brebeck**  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **JK**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Not permitted**

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 **J**

23. Signature **T. G. Drake** (M. D. or other) \_\_\_\_\_

Address **114 N. Taylor Av.** Date signed **28 Feb '47**

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

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**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.....

*Henry M. Branner*

Licensed Embalmer No..... 4200

P. O. Address.....

**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.**