No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18336

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 116

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 564 S. Lafayette 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISA JANE CAIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed d
6. (b) Name of husband or wife Abraham Cain
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec - 27 - 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	5	5	hr. min.

9. Birthplace Saline Co. Mo 11
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Wm Liles
13. Birthplace Virg. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Adeline Caroline Chappell
15. Birthplace Virg. 1
(City, town, or county) (State or foreign country)
16. (a) Informant J. Wilbur Cook
(b) Address Marshall Mo
17. (a) Burial (b) Date thereof 6-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation Ridge Park Cem. Marshall Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 6-2-1948 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature) 5005

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1948 hour 10 minute 43 A.M.
21. I hereby certify that I attended the deceased from June, 1946, to June 2, 1948;
that I last saw her alive on June 2, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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
23. Signature James A. Reid (M. D. ~~or other~~)
Address Marshall Mo. Date signed 6-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6-8-48

22-5

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 Joseph R. Mackler, Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 435-7

P. O. Address Marshall 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.

No. 12B
M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 327 Primary Registration District No. 3072 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Louisa Jane Cam

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 92 Months Days If less than one day hr. min.

9. Birthplace Sweet Springs, Saline Co., Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) 6-11-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1948 o'clock minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

18836