REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20917
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2367
(c) City Kansas City — (d) Street No. 5103 Park Av., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Addie White Cain
(a) Residence, No. 5103 Park Av., K.C.Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Frank Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	7 8/	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 11 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County Missouri

FATHER
13. NAME Benjamin F. Jacks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County Missouri

MOTHER
15. MAIDEN NAME Mary Frances Willhite
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Missouri

17. INFORMANT (ADDRESS) Charles Jacks Platte City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City, Mo. DATE June 12, 1938

19. FUNERAL DIRECTOR (NAME) L.F. Rollins
(ADDRESS) Platte City, Mo.

20. FILED June 17, 1938 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938 to June 10, 1938
I last saw h.e alive on June 9, 1938 Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
93 C	

Other contributory causes of importance:

Arteriosclerosis	unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R.B. Anderson M. D.
(Address) 915 Argyle Bldg Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14022

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, ...

Lloyd F. Rollins, or by .....,

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

Signed Lloyd F. Rollins

Licensed Embalmer No. 1306

P. O. Address Platte City, 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, above space should be left blank.