

REC'D JUL 20 1938

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

21857
 Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001
 (c) City Springfield (d) Street No. 819 Washita 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jesse L. Cain

(a) Residence, No. 716 S. Delaware St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ledora Cain
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Printing
 10. Date deceased last worked at this occupation (month and year) June 13 38 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME UK 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK 9

MOTHER 15. MAIDEN NAME UK
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

17. INFORMANT Carl Cain
(ADDRESS) 819 Washita18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn DATE June 16, 193819. FUNERAL DIRECTOR (NAME) Herman Lonmeyer
(ADDRESS) Springfield, Mo.20. FILED June 15 1938 Chas. A. Gray Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him dead June 14, 1938, to _____, 19____
 alive on June 14, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset _____
9410

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____
 (Signed) J. P. Terrell _____
Springfield, Mo.

(Address) _____
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STATE OF MICHIGAN
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

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 Walter E. Hemmels
Licensed Embalmer No. 3808
P. O. Address Springfield, 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.