

REC'D JUN 13 1939

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

18407
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
(b) Township Gallatin Primary Registration District No. 5276A Registered No.
(c) City North Kansas City (d) Street No. home, 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Iva Palmer Cain

(a) Residence, No. North Kansas City, Mo. Route #5 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 female 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 Paul David Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pattonsburg, Mo. (STATE OR COUNTRY)

13. NAME Mason Mathews Palmer

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Sarah B. Morris

16. BIRTHPLACE (CITY OR TOWN) Wyandotte County (STATE OR COUNTRY) Kansas

17. INFORMANT Paul Cain (ADDRESS) Route #5, North K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Civil Bend, Mo. DATE April 29, 1939

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home (ADDRESS) North Kansas City, Mo.

20. FILED 5-11 1939 Viola C. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938 to April 26, 1939
I last saw her alive on Apr 26, 1939. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

chronic coronary
arteriosclerosis

Other contributory causes of importance:

Name of operation biopsy Date of 4/8
What test confirmed diagnosis? biopsy 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? no
If so, specify _____
(Signed) H. F. White, M. D.

177 (Address) Commercial Bldg N.E.

Per. L. M. A.

no

STATEMENT BY LICENSED EMBALMER

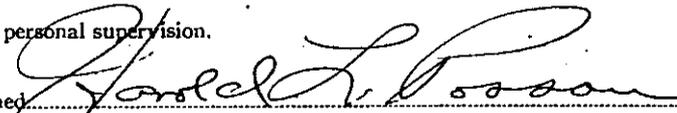
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

personally

....., or by

Registered Apprentice No., working under my personal supervision.

Signed



3605

Licensed Embalmer No.

P. O. Address North Kansas 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.