

FILED
1-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25932

State File No. _____

Registration District No. 607

Primary Registration District No. 5862

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Demiseat

(b) City or town Rural - Little Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile S. E. of Caruthersville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years (Specify whether)
years, months or days

8. (a) PRINT FULL NAME Ellie HughtoKA Cain ⁵⁰⁰

3. (b) If veteran, name war x home

8. (c) Social Security No. home

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert W. Cain

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 21, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 20 If less than one day
/hr. _____ min.

9. Birthplace Fulton, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Robert W. Cain

13. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name William Belford

15. Birthplace Brenton, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Cain

(b) Address R-1, Caruthersville, Mo

17. (a) Burial (b) Date thereof 7/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Loe Jorgensen & Co.

(b) Address Caruthersville, Mo.

19. (a) July 16, 1940 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demiseat

(c) City or town "Rural" Little Prairie
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile S. E. of Caruthersville
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from May, 1939, to July 11, 1940, that I last saw her alive on July 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Paratid gland bino.

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 57

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? 585

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ada Martin (M. D. or other) _____

Address Caruthersville, Mo Date signed July 13 40

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

8-40-22

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

J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Covington, Miss.

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.