S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34940

FILED NOV 11 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 870

39
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 833 Washington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 833 Washington 6
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Marcellus Cain

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Nannie Cain

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 30 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ironman

11. Industry or business

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

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

16. (a) Informant Nannie Cain
(b) Address 833 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-2-41
(Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director W. P. Campbell
(b) Address 867 Washington

19. (a) 11-1-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

107 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1941 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 1, 1941 to Oct 29, 1941;
that I last saw him alive on Oct 29, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	
Carcinoma of Larynx primary	3 months
Due to Pyel	
Due to	
Other conditions Pyelonephritis (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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 J. Newton Wakeman (M. D. ~~or other~~)
Address Springfield Mo. Date signed 10-31-41

APR 5 1951

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 W. P. Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Ill

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.