

Registration District No. 364 364

Primary Registration District No. 5507 5409

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Stark - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory
(c) City or town Stark Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1941 hour _____ minute 30 M. A

21. I hereby certify that I attended the deceased from May 21
_____ 1941 to Sept 14 1941;
that I last saw him alive on Sept 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration 3 mo

Due to Senility plus arteriosclerosis
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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?

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

23. Signature C. D. Bailey (M. D. or other) D.O.
Address Hermitage Mo Date signed Nov 12

3. (a) PRINT FULL NAME Henry R. McCain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Villa McCain 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Apr 9, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm A McCain

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

14. Maiden name Mary Moore

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

16. (a) Informant Chas McCain

(b) Address Hermitage Mo

17. (a) burial (b) Date thereof 11/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCain Cemetery

18. (a) Signature of funeral director J. L. Luckey

(b) Address Wheatland Mo

19. (a) Nov 12 1941 (b) J. H. Robertson
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1957

Date Filed 12-3-41

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. Luckey
Licensed Embalmer No. 12985
P. O. Address Chattanooga, Tenn.

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.