

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1941

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

38735
Do not use this space. 38

1. PLACE OF DEATH
 (a) County Linn Registration District No. 496
 (b) Township Brookfield Primary Registration District No. 3025
 (c) City _____ (d) Street No. _____
 (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 James Cain
 (a) Residence, No. Bookfield Ho R. F. D 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15/1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) (STATE OR COUNTRY) Jackson Co, Ill.

FATHER

13. NAME Hezekah Cain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Mary Gipson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs. G. B. Bailey Brookfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE SUMNER MO DATE 11/21 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. Sheppard Menden Mo

20. FILED 11-21- 1941 J. W. Cuman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1941 to Nov 19 1941
 I last saw him/her live on Nov 9 1941 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:
Chr. Myocarditis Date of onset Unknown

Other contributory causes of importance: 93d

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 _____ 1941
 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) James Travis M. D.
 (Address) Brookfield Mo.

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.....

S. L. Lipard

Licensed Embalmer No.....

3970

P. O. Address.....

Mendon Me

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.