

0. 2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43170

State File No.

Registration District No. 831

Primary Registration District No. 6088

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bernie Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Home Near Bernie Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Johnnie M^c Cain

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lilly M^c Cain 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Feb. 18th 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 9 10 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John M^c Cain

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

14. Maiden name Sarah Shelby

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

16. (a) Informant Ms. Lilly M^c Cain
(b) Address Bernie Mo.

17. (a) Burial (b) Date thereof Nov. 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Bernie or cremation
(d) Signature of funeral director Landis Funeral Home
(e) Address Campbell, Mo.

19. (a) Dec 12 - 41 (b) Laura Hopkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1941 hour 8 minute 0.5 A.M.

21. I hereby certify that I attended the deceased from Nov. 25 1941 to Nov. 28 1941
that I last saw him alive on Nov. 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____
Due to _____

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

Major findings: Of operations ✓
Of autopsy no.

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) (e) Means of injury ✓

23. Signature J. P. Brandon (M. D.)
Address _____ Mo. Date signed 12-8-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No 2,
District File Number 42-90
Date Filed 1-16-42

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 *Christine M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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, fact should be so stated above.