

AUG 19 1942
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3032

48
 3032

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kear
 (c) Name of hospital or institution 3714 E 20th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 yrs. (Specify whether years, months or days)
 In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kear
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3714 E 20th St (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wm. J. Cain
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 1
 year 42 hour 11:30 P M.

4. Sex m 5. Color or race W
 6. (a) Single, widowed, married, divorced none
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased unknown
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on _____ and hour stated above.
 Immediate cause of death _____

8. AGE: Years Months Days If less than one day
approx 82 x x x x hr. min.
 9. Birthplace Bath County, Virginia
 (City, town, or county) (State or foreign country)

Arteriosclerotic heart disease
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Blacksmith
 11. Industry or business Retired
 12. Name Edward Cain
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy Myxium Abatony
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harold Cain
 (b) Address unknown
 17. (a) Burial (b) Date thereof 8-10-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn Cem
 18. (a) Signature of funeral director H. T. Rigelman
 (b) Address Kear
 19. (a) 8/12/42 (b) M. M. Crowley
 (Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
 Address [Signature] Date signed [Signature]

341

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.....

..... *Francis Walton*, Registered Apprentice No. *2744*
working under my personal supervision.

Signed..... *J. H. Pigeon*,
Licensed Embalmer No. *2744*
P. O. Address..... *K. E. 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.