

FILED JAN 128 1943

Registration District No.

Primary Registration District No. 2000

Registrar's No. 879

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 726 E. McDaniel
(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)

3. (a) PRINT FULL NAME

Willie Cain

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

4. Sex Male 5. Color Col. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife. Unknown 6. (c) Age of husband or wife if alive. Dec years

7. Birth date of deceased. June 19 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 47 5 20 hr. min.

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

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown & Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Application Blank Inscr R.R

(b) Address Frisco Bldg, Spfld Mo.

17. (a) Burial (b) Date thereof 12-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flagstone Cemetery

18. (a) Signature of funeral director W. T. Campbell

(b) Address 867 Washington

19. (a) 12-12-42 (b) W. M. Handley
(Date received local registrar) (Registrar's signature)

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") 6
(d) Street No. 726 E. McDaniel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1942 hour Unknown M.

21. I hereby certify that I attended the deceased from December
1st 1942 to December 2 1942

that I last saw him alive on December 2 1942
and that death occurred on the date and hour stated above

Immediate cause of death Cancer of Stomach Duration

Due to Peptic Ulcer of Stomach

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations H6

Of autopsy none

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)
(e) Means of injury _____

23. Signature James B. Clark (M. D. or other) 0
Address 716 Benton Date signed Dec 12, 1942

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

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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, 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.