

FILED JAN 15 1943
Registration District No. 79

Primary Registration District No. 5366

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

1. PLACE OF DEATH:

(a) County Davies

(b) City or town Rural Marion
(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 Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Y 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 Alice Cain

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept 9 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Davies Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Lot Cain

13. Birthplace not known?
(City or town or county) (State or foreign country)

14. Maiden name Delila Groover

15. Birthplace not known?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Cain

(b) Address Pattonburg R R 1

17. (a) Burial (b) Date of removal Dec 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COPE

18. (a) Signature of funeral director S. Schromer

(b) Address Pattonburg Mo

19. (a) 12-27-1943 (b) S. D. Dickerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davies

(c) City or town Rural Marion Twp
(If outside city or town limits, write "RURAL") (If rural, give location)

(d) Street No. 1

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1943 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 16 1943 to Dec 16 1943 that I last saw him alive on Dec 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis about 5 yrs

Duration about 5 yrs

Due to.....

Due to.....

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

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 plans) (e) Means of injury.....

23. Signature DR Key to (M. D. or other) Do
Address Pattonburg Mo Date signed 12-18-43

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..... *L. Schomer*

Licensed Embalmer No. *2857*

P. O. Address *Pattersonburg 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.