S. No. 2
M—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 73

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5291

State File No. 17787

Registrar's No. 52

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Liberty Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: I.O.O.F. Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Clay

(c) City or town: Liberty (If outside city or town limits, write "RURAL")

(d) Street No.: I.O.O.F. Home (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: No

3. (a) PRINT FULL NAME: Louis Cain

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: ANN PIERCE CAIN

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

7. Birth date of deceased: Dec. (Month) 14 (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 0 If less than one day hr. min.

9. Birthplace: Blackford (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

MOTHER FATHER

12. Name: John Cain

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

14. Maiden name: Ann Pierce

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

16. (a) Informant: Mrs. Paul Rogers

(b) Address: I.O.O.F. Home Liberty, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 15, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Sullivan, Mo.

18. (a) Signature of funeral director: O. J. Carder Jr.

(b) Address: 119 E. Franklin St. Liberty, Mo.

19. (a) May 14-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 14th year: 1944 hour: minute: M.

21. I hereby certify that I attended the deceased from: March 1, 1942 to May 14, 1944 that I last saw him alive on: May 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: General Arteriosclerosis 1 yr

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 97

Major findings: Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Burton Matthews (M. D. or other) M.D.

Address: Liberty Mo Date signed: 5-14-44

9.26

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-44

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 D. J. Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.