

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 12 1944  
Registration District No. 2049

Primary Registration District No. 2049

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community all of his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 1301 E Jenkins  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alenza Cain

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs Kelley Legend 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 18 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer & Paper Mgr

11. Industry or business \_\_\_\_\_

12. Name Alenza Cain

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

14. Maiden name Theda Markwell

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

16. (a) Informant Jessie L Cain

(b) Address 1015 Sunn Blvd Omaha Neb

17. (a) Burial (b) Date thereof 5-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marian Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville Missouri

19. (a) JUNE 29-44 (b) Amy Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1944 hour 3:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Mar 8  
1944 to May 30 1944  
that I last saw him alive on May 30 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the throat

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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 place)

(e) Means of injury \_\_\_\_\_

23. Signature H. M. Chan (M. D. or other) DO.

Address Marionville Mo Date signed 5/31/44

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

**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

*William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville 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.**