

FILED MAY 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 5

Primary Registration District No. 4015

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Westboro  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 52 years 6-21 (Specify whether years, months or days)  
In this community 52 years 6-21

3. (a) PRINT FULL NAME Elijah Cain

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Susan Cain 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Sept-18-1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 18 If less than one day hr. .... min.

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

10. Usual occupation Produce Station

11. Industry or business: .....

MOTHER FATHER { 12. Name James Cain 13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Polliann Mullen 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant G. W. Norton (b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof 4-7-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Grove Cemetery

18. (a) Signature of funeral director Scott Lischer

(b) Address Westboro, Missouri

19. (a) 4-6-46 (b) Mrs. J. D. Cunningham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Westboro (If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 year 1946 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from MAR 1 1946 to APR 4 1946 that I last saw him alive on APR 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: CHRONIC MYOCARDITIS MANY YEARS  
ACUTE NEPHRITIS (UNSPECIFIED) 6 MONTHS

Due to: .....

Due to: .....

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

Major findings: Of operations: 932

Of autopsy: .....

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 Thos F Fay M.D. (M. D. or other) 2  
Address Westboro Mo Date signed 4-5-46

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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.....

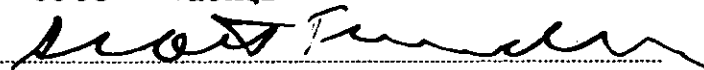
Scott Tucker

....., Registered Apprentice No. ....

working under my personal supervision.

Scott Tucker

Signed.....



Licensed Embalmer No. 2824  
Westboro, Missouri

P. O. Address .....

**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.**