

FILED DEC 8 1948

Registration District No. 3

Primary Registration District No. 5143

Registrar's No.

389

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Poplar Bluff Trust  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jannie Cain

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

4. Sex Female 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Willie Cain 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased 12 5 1886  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monroe County Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

12. Name James Mc Colley

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

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Willie Cain (husband)

(b) Address R. 3 B-4303 Poplar Bluff Mo.

17. (a) burial (b) Date thereof 12-1-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marysco Cemetery

18. (a) Signature of funeral director Jed G. Smith

(b) Address Creator 2nd 12 main st

19. (a) 11-30-48 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
 (c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25  
 year 1948 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 5 deep

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

Other conditions Chronic Myocarditis  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 10.8

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? 2

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature F. F. Priest (M. D. or other) SO.  
 Address Poplar Bluff, Mo. Date signed 11-29-48

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

RECEIVED  
District Health Office No. 2,  
District File Number 1248-1628  
Date Filed 12-6-48

DEC 16 1948

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Fred J. Smith  
Licensed Embalmer No. 4408  
P. O. Address Edison, Ill.

**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.**