

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20105

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2415

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (in this place) OR TOWN 26 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 2529 Prospect 3378

3. NAME OF DECEASED (Type or Print)
 a. (First) Letitia b. (Middle) Cain c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1950
 5. SEX Female 3 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 20, 1880 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Natchez, Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Scott 13b. MOTHER'S MAIDEN NAME Lucy Ann Davis 14. NAME OF HUSBAND OR WIFE Louis Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Estella Ward 2529 Prospect

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis
 ANTECEDENT CAUSES (b) high blood pressure, (c) arteriosclerosis, white degeneration
 II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Cranioma of uterus
 INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 174X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Hysterectomy for cancer 5-20-50 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g. ft. of about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 5-18-50, to 5-28-50, that I last saw the deceased alive on 5-28-50, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Sheldon (Degree or title) 23b. ADDRESS 922 W. 10th St. 23c. DATE SIGNED 5-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-1-50 24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn 24d. LOCATION (City, town, or county) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 5-31-50 REGISTRAR'S SIGNATURE Geraldine Holmes Watkins 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1729 Lydia

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Skelton

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

J. Jerome Manlove

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.