

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13706

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1460  
(c) City Kansas City, Mo. or (d) Street No. Mercy Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm Cain Billy William Edward Cain

(a) Residence, No. 441 So. Montgall St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri13. NAME Howard B. Cain14. BIRTHPLACE (CITY OR TOWN) Nebraska (STATE OR COUNTRY)15. MAIDEN NAME Irene Taylor16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)17. INFORMANT Howard B. Cain (ADDRESS) 441 So. Montgall18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Apr. 8, 193919. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Sons (ADDRESS) 3811 Broadway20. FILED 4-6 1939 M. M. Crowe, reg. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 193922. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1939, to Apr 5, 1939

I last saw him alive on Apr 5, 1939, 1938 Death is said to have occurred on the date stated above, at 1 P m.  
The principal cause of death and related causes of importance were as follows:

Principally Cor Pulmonale  
chronic pulmonary emphysema  
Emphysema  
107a

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) M. M. Crowe M. D.  
(Address) 5017 W. 9th St.

Permit

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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.....

Licensed Embalmer No.....

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, above space should be left blank.**