DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32032

Registration District No. 561 Primary Registration District No. 4330 Registrar's No.

1. PLACE OF DEATH:
(a) County Mellor
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles West of Stuthe
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Parker F Cain
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 27 (Day) 1890 (Year)

8. AGE: Years 51 Months 0 Days 11 If less than one day min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John W. Cain
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Alice V. Reynolds
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Logan Cain
(b) Address 10th St Eldon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Dry Fork
18. (a) Signature of funeral director Ordy A Holt
(b) Address New Bloomfield Mo
19. (a) Sept 8 1941 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1941 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 20th 1941 to Aug 8 1941 that I last saw him alive on Aug 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death F B Cardiac Failure
Pulmonary Tuberculosis

Duration Short Time

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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

23. Signature A F Brickstower M.D. (Title or other)
Address Eldon Mo Date signed 9-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-30 1 X19511

RECEIVED
Miller County Heamh Dep't.
County File Number 41-97
Date Filed 10/14/41

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 Ray A Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield 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, above space should be left blank.