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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21118

State File No.

Registration District No. 29 Primary Registration District No. 4179 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan (~~XXXXXX~~
(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 (Specify whether
In this community 83 Years plus
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Sulivan (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Evelyn Blanche Cain

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife J. P. Cain

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased January (Month) 2nd (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	13	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Henry Doyle
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Susan Watson
15. Birthplace (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant James Cain
(b) Address Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, '42 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan,

18. (a) Signature of funeral director Thos P. Shaffer
(b) Address Sullivan Missouri.

19. (a) 6/17/42 (Date received local registrar) (b) Gilbert Gilhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15, year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 2, 1942 to June 15, 1942 that I last saw her alive on June 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 Mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

830

Major findings: Of operations None

Of autopsy none

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 C A Proctor (M. D. ~~or other~~)
Address Sullivan - Mo Date signed 6-16-42

1211

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 - 1942

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 Edgar W. Laffoon

Licensed Embalmer No. 33194

P. O. Address Sullivan 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.