

**FILED** APR 6 1946

Primary Registration District No. **5-289**

Registrar's No. **24**

1. PLACE OF DEATH:  
 (a) County **Clay**  
 (b) City or town **RR #5 North Kansas City, Mo**  
 (c) Name of hospital or institution:  
 Name **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **Since 1910** years, months or days

3. (a) PRINT FULL NAME **George Leonard Cain**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Mary M. Cain** 6. (c) Age of husband or wife if alive **81** years  
 7. Birth date of deceased **Oct 10 1864**  
 (Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **1** If less than one day hr. min.

9. Birthplace **Davis Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Section**

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

MOTHER FATHER {  
 12. Name **Hott Cain**  
 13. Birthplace **Davis Co Mo** (City, town, or county) (State or foreign country)  
 14. Maiden name **Lettie Groomer**  
 15. Birthplace **Davis Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary M. Cain**  
 (b) Address **R. R. 5 North Kansas City, Mo**

17. (a) **Burial** (b) Date thereof **3 13 46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial - Barry Cem**

18. (a) Signature of funeral director **Matson Smith's Funeral**  
 (b) Address **832 Lamar Rd North Kansas City**

19. (a) **Mar 13 1946** (Date received local registrar) **Beulah Kitchent** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Clay** 24  
 (c) City or town **North Kansas City, Mo** (If outside city or town limits, write "RURAL")  
 (d) Street No. **R.R. #5** (If rural, give location)  
 (e) Citizen of foreign country?  (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11** year **1946** hour **8** minute **30 P.** M.  
 21. I hereby certify that I attended the deceased from **10-15-43** to **Present** 19\_\_\_\_; that I last saw him alive on **3-10** 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cornary occlusion** 2 day  
 Due to **Arterio sclerosis** 2 year  
 Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy **a**  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **R. H. Plumb** M.D. or other \_\_\_\_\_  
 Address **North KC, Mo** Date signed **3/12/46**

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-4-46

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. me

working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address Mo. Kansas City 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, fact should be so stated above.