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P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33405

State File No. 10-48-119

Registration District No. 170

Primary Registration District No. 5675

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Sleeper Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 unknown exactly years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Is H a M William M. Cain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 26 July, 1948 to 18 Sept, 1948 that I last saw him living on 18 Sept, 1948 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Addie M. Cain 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 6 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 3 5 hr. _____ min.

Immediate cause of death Hypertensive Cardiovascular Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name W. M. M. Cain

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Alice Wright

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

16. (a) Informant Earl M. Cain (son)

(b) Address Sleeper Mo.

17. (a) Burial (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon, Mo.

19. (a) 10-19-48 (b) Tressie B. Lyndly
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature Tressie B. Lyndly (M. D. or other)

Address Lebanon Date signed 10/19/48

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

MOTHER FATHER

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.