. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8028

MAR 19 1941

Registration District No. 1114

Primary Registration District No. 4465

Registrar's No. 1013

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

1. PLACE OF DEATH
(a) County St Francois
(b) City or town Flat River
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Francois
(c) City or town Flat River
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

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

4. Sex M
5. Color or race W
6. (a) ~~Single, widowed, married, divorced~~ /
6. (b) Name of husband or wife Clara Cain
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec 24th 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Iron mountain Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired - laborer
11. Industry or business

FATHER
12. Name Geo. Cain
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Cay
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Clara Cain
(b) Address Flat River Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 2/26/41 (Date received local registrar) (b) C B Farrar M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24 year 1940 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from 11-15, 1940, to 2-24, 1941; that I last saw him alive on 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis: Arteriosclerosis	
Due to Dilated heart	
due chronic	
Due to asthma	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 B Farrar (M. D. or other) D
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.