DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1942

Registration District No. 763

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37348

Primary Registration District No. 5596

Registrar's No. 55

PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Valles Mines VALLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #3 De Soto, Mo.
(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 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Valles Mines 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 3 De Soto.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Cynthia Alice Cain

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Richard Cain

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased November (Month) 17 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	15	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Joseph Whaley
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Rebecca Chamberlain
15. Birthplace ..... (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant John Kane

(b) Address Valles Mines, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cem. Elvins, Mo.

18. (a) Signature of funeral director Benham Undertaking Co.

(b) Address Bonne Terre, Missouri

19. (a) 11-10-42 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 12, 1942 to Nov 1, 1942 that I last saw her alive on Nov 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	8 days
Due to Fracture Humerus ✓	14 days
Due to Auricular fibrillation	unknown
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) 058

(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)

(e) While at work? ..... (e) Means of injury 2

23. Signature J. P. Angela (M. D. or other) M.D.

Address De Soto, Mo. Date signed 11-2-42

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(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~~ ~~###~~

Eleuan Province, ~~Registered Apprentice No.~~

~~working under my personal supervision~~

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37348

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 55

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

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Rural
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cynthia Alice Cain
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 17 (Day) 1869 (Year)
8. AGE: Years 73 Months 11 Days 10 If less than one day hr. min.
9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 2 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to: Fracture Humerus
Due to:
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): fell at home
(b) Date of occurrence: about Oct 5, 1942
(c) Where did injury occur? at home (City or town) Jefferson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? yes (e) Means of injury: fell
23. Signature: J. P. Engels (M. D. or other) DO
Address: De Soto Mo Date signed

SUPPLEMENTARY