

7. S. No. 2
DM-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
4150 DEC 10 1942
Registration District No. 347

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38309
Registrar's No.

Primary Registration District No. 6170

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Starr
(b) City or town Abbeville - Galena B-2-Mo
(c) Name of hospital or institution: McKinley Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Starr
(c) City or town 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 0

3. (a) PRINT FULL NAME James Thomas Cain
3. (b) If veteran, name war no
3. (c) Social Security No. 498-095633

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 18 year 1942 hour 11:05 minute A M.
21. I hereby certify that I attended the deceased from Oct. 18 1942 to Nov. 18 1942
that I last saw him alive on Nov. 16 1942 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race wh
6. (a) 1 Single, 1 widowed, 1 divorced, 1 married
6. (b) Name of husband or wife Margaret Cain
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Aug 24 1889
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis with renal complication.
Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)
13 ft

8. AGE: Years 53 Months 2 Days 24
If less than one day hr. min.

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

10. Usual occupation Black Smith

11. Industry or business Black Smith

12. Name Samuel Cain

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

14. Maiden name Geneva Thurman

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

16. (a) Informant Margaret Cain
(b) Address Galena, Mo B-2

17. (a) Funeral (b) Date thereof Nov 20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pace - De - Bear
18. (a) Signature of funeral director Everett J. Cheater
(b) Address Galena, Mo
19. (a) Nov 20 '42 (b) Nellie Ironsley
(Date received local registrar) (Registrar's signature)

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) (M. D. or other)
23. Signature Wesley B. Shuck (M. D. or other)
Address Galena, Mo Date signed 11/19/42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1698

Date Filed DEC 8 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

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.