

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 15 1943**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

13596

State File No. ....

Registration District No. 27

Primary Registration District No. 4032

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County Bates  
(b) City or town Rockville  
(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 70 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES CHRISTOPHER BAIN

3. (b) If veteran, name war 1 3. (c) Social Security No. ....

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nancy Bell (Fisk) Bain 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased June 30 1859 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 19 If less than one day hr. .... min.

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

10. Usual occupation Retired merchant

11. Industry or business

12. Name James Daniel Bain  
13. Birthplace Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Van Meter  
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant William Ira Bain

(b) Address Rockville Mo

17. (a) Burial (b) Date thereof Apr. 22, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockville Cemetery

18. (a) Signature of funeral director W. S. Walker

(b) Address Rockville, Mo.

19. (a) April 21, 1943 (b) Ms. Wilbur Steiner (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Bates  
(c) City or town Rockville (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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 19th year 1943 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from April 14 1943 to Apr 19 1943  
that I last saw him alive on Apr 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforative appendicitis

Due to Impacted ileum

Due to Peritonitis (sequela)

Other conditions Mitral Incompetency  
(Include pregnancy within 3 months of death)

Major findings: Of operations 12:1 V

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 12:1 V  
(b) Date of occurrence 12:1 V  
(c) Where did injury occur? 12:1 V (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 W. S. Walker (M.D. 12:1 V)  
Address Rockville Mo Date signed 4/21/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 4-43-448

Date Filed 5-14-43

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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, fact should be so stated above.**