S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5747

State File No. .....

Registration District No. 53 Primary Registration District No. 5185 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Cape

(b) City or town Cape Girardeau Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway 61 ~~None~~ near Viaduct Court on (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~None~~ 2 to hosp. (Specify whether

In this community 32 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma Mo (If outside city or town limits, write "RURAL")

(d) Street No. 72 (If rural, give location)

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

If yes, name country 1 0

3. (a) PRINT FULL NAME DAVID-MANUEL-CAIN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M.

5. Color or race White

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

6. (b) Name of husband or wife Never Married

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

7. Birth date of deceased July (Month) 25 (Day) 1881 (Year)

8. AGE: Years 63 Months 6 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace State of Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name James W. Cain
13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Taken from Papers of Deceased

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11-45 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Parma Cemetery

18. (a) Signature of funeral director Watkins Fun. Service

(b) Address Parma Mo

19. (a) 2-12-45 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 10 year 1945 hour 8 minute a. 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.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 3	
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 3

23. Signature Dr. J. F. Sigmund Coroner ~~(M. D. or other)~~

Address Jackson Mo Date signed 3/10/45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 345-315

Date Filed 3-6-45

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.