

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8688**
Registrar's No. **6**

FILED APR 10 1946

Registration District No. **44** Primary Registration District No. **5146**

1. PLACE OF DEATH
(a) County **Caldwell**
(b) City or town **Braymer (Newtown)**
(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 **50 yrs**
In this community **50 yrs**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **James Monroe Cain**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Sarah Ann Cain** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 9th, 1861**
(Month) (Day) (Year)

8. AGE: Years **84** Months **6** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **unk Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **George W. Cain**
13. Birthplace **Unknown**
14. Maiden name **Jenima Duffey**
15. Birthplace **unknown**

16. (a) Informant **Allen Wadley**
(b) Address **Braymer, Mo**

17. (a) **Burial** (b) Date thereof **3-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Black Oak Cem.**

18. (a) Signature of funeral director **James Mead**
(b) Address **Braymer, Mo.**

19. (a) **3-2-46** (b) **Joan Duffey**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Caldwell**
(c) City or town **Braymer, Davis Twn**
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar** day **1st**
year **1946** hour **4:20** minute _____ P. M.
21. I hereby certify that I attended the deceased from **February 27** to **Mar 1**, 19**46**
that I last saw him alive on **Feb - 28**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **3 days**

Due to **Peteris Serris**
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: **None**
Of operations: **None**
Of autopsy: **None**
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) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? **None**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**
While at work _____ (Specify type of place) (e) Means of injury **None**
23. Signature **Cardinal B. Bradley**
Address **Braymer, Mo.** Date signed **Mar 2 1946**

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

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 Donald J. Mead

Licensed Embalmer No. 2501

P. O. Address Raymer, 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.