

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 291

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution St. Francis Hospital
(d) Length of stay: In hospital or institution 47 years
In this community 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape 16
(c) City or town Cape Girardeau
(d) Street No. 227 So Pacific
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lena Kain
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex female 5. Color or race br
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Roy
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov 17 - 1888

8. AGE: Years 59 Months 9 Days 29

9. Birthplace Oran Mo. 0
Usual occupation Housewife

10. Industry or business
11. MOTHER FATHER
12. Name John Beshel
13. Birthplace Seattle Co. Mo.
14. Maiden name Francis Beshel
15. Birthplace Seattle Co. Mo.

16. (a) Informant Roy Kain
(b) Address 227 So Pacific Cape
17. (a) Burial (b) Date thereof Sept 19 1947
(c) Place: burial or cremation Fairmount cemetery

18. (a) Signature of funeral director J. H. Herin
(b) Address Cape Girardeau
19. (a) 9-25-47 (b) C. C. Summers

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 16
year 1947 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from Sept 16, 1947, to Sept 16, 1947, that I last saw her alive on Sept 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary thrombosis congestive heart failure
Due to

Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no aut

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature J. H. Herin M.D. (M.D. or other)
Address Cape Girardeau, Mo. Date signed 9/24/47

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

Health Officer No. 4
District File Number 947-1244
Date Filed 9-29-47

JUN 29 1954

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 W. H. Ester
Licensed Embalmer No. 3568
P. O. Address Cape Hill Va

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.