

S. No. 300  
M-10-47  
v. 5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16247

FILED JUN 1 1948  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2092

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
4017 Madison Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4017 Madison Avenue  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas P. CAIN

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 495-03-4773

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1948 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 16  
1948, to May 16 1948  
that I last saw him alive on May 16 1948  
and that death occurred on the date and hour stated above.

4. Sex male  5. Color or race white

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

6. (b) Name of husband or wife Anna Cain

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: July (Month) 25 (Day) 1888 (Year)

Immediate cause of death Cardiac failure

Due to Coronary Thrombosis

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
Hypertension

8. AGE: Years Months Days If less than one day

59 9 21 hr. min.

9. Birthplace Leavenworth, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Knapp Shoe Company

12. Name Robert Cain

13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget A. ----

15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Cain

(b) Address 4017 Madison, K. C., Mo.

17. (a) Burial (b) Date thereof 5-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation no Memorial

18. (a) Signature of funeral Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 5-18-48 (b) Sheldine Holman  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy 61

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)

(c) Means of injury 0

23. Signature Robert H. Burns (M. D. or other)

Address 1034 Rialto Bldg Date signed 5/16/48  
Kansas City, Mo.

**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, *Blues Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.**