S. No. 300
v. 10-48

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33455

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4351

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2923 WALNUT STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 2923 WALNUT STREET

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3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): A.
c. (Last): CAIN

4. DATE OF DEATH (Month) (Day) (Year): OCT - 11 - 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov. 9, 1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory labor
10b. KIND OF BUSINESS OR INDUSTRY: MEYERS CONDENSORY DAIRY
11. BIRTHPLACE (State or foreign country): RAYMORE MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Cain
13b. MOTHER'S MAIDEN NAME: Jennie Alexander
14. NAME OF HUSBAND OR WIFE: LAURA FANNING CAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 573-20-2401
17. INFORMANT'S SIGNATURE OR NAME: MRS. LAURA FANNING CAIN — ADDRESS: 2923 WALNUT ST. KANSAS CITY, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic congestive Failure — 6 years
DUE TO (c): Rheumatic Fever — 20 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4110X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1949, *to* Oct 10, 1950, *that I last saw the deceased alive on* Oct 10, 1950, *and that death occurred at* 1:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE E.G. Gehrke (Degree or title): E.G. Gehrke D.O. 2
23b. ADDRESS: 1400½ E 31st K.C.
23c. DATE SIGNED: 10/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT-14-1950
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 10-14-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.H. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK BLVD KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

1400 1/2 East 31st Street
10:00

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles H Stickney

Signed.....
Student Embalmer

Licensed Embalmer No. 4520

P. O. Address KC. 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.