DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39256

Registration District No. 571 Primary Registration District No. 4335 Registrar's No. 73

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution California. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

FILED DEC 1 1940

3. (a) PRINT FULL NAME Delila Jane Cain
3. (b) If veteran, name war
3. (c) Social Security No. NO
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 10 (Day) 1873 (Year)
8. AGE: Years 67 Months 2 Days 27 If less than one day hr. min.
9. Birthplace Moniteau. Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
12. Name of father John H. Cunningham
13. Birthplace (City, town, or county) Virgina (State or foreign country)
14. Maiden name of mother Martha Allee
15. Birthplace Moniteau. Co. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Earl Dunham
(b) Address California. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Flag Spring Cemt
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California. Mo.
19. (a) 11-8-40 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1940 hour 8 minute 30 A M.
21. I hereby certify that I attended the deceased from Oct. 3, 1940 to Nov. 6, 1940 that I last saw her alive on Nov. 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to A. F. Hd	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature H. E. Davison (M. D. or other) M. D.
Address California Date signed 11/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Earl O. Boulin

Licensed Embalmer No. 2126

P. O. Address California, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
—2-21-40
1 X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 392856

Registration District No. 5-71 Primary Registration District No. 4335 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Monteau
(b) City or town Californian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Monteau
(c) City or town California
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Delila Jane Cain
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wed
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 67 Months 2 Days 27 If less than one day hr. min.
9. Birthplace Virginia (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 11-9-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
year 1940 hour minute 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	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature K. J. Cannon (M. D. or other)
Address Californian Date signed