

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 277

Registrar's No. 54

Registration District No. 577

Primary Registration District No. 5775

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town California, Mo., Rural
(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 40 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James Alexander Cain 580
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 27
 year 6 hour 30 minute 4 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Delila Jane Cain
 6. (c) Age of husband or wife if alive 66
 7. Birth date of deceased July 22 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 22 Nov 19____;
 that I last saw him alive on _____ 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 8 Days 5
If less than one day hr. _____ min.

Immediate cause of death suicide by hanging
 Duration _____

9. Birthplace Moniteau, Co
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name John Cain
 13. Birthplace Missouri
 14. Maiden name Bitha Miller
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature California 910
 (b) Address Bliss A. W. W. W.
 17. (a) Flag Spring (b) Date thereof Mar. 29.40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Flag Spring Cent
 18. (a) Signature of funeral director Boulis Funeral Home
 (b) Address California 711
 19. (a) 3-29-40 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
 23. Signature H.R. Popejoy (M. D. or other) _____
 Address California Date signed 3-29-40

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 R. Bonchis

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 with the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1178-7

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 377

Primary Registration District No. 3778-

Registrar's No.

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

1. PLACE OF DEATH:

(a) County. Moniteau
(b) City or town. Pilot Grove
(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
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME James Alexander Cain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased July - 22 - 1873
(Month) (Day) (Year)

8. AGE: Years 66 (67) Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-10-40 (b) Madine Hathorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

19. MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature H. R. Papez (M. D. or other) _____

Address California Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL COPY

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