

RECEIVED FEB 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2062  
Do not use this space.

1. PLACE OF DEATH

(a) County cole. Registration District No. 213  
(b) Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 8  
(c) City Jefferson (d) Street No. Swift Highway St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, give its name (instead of street and number))  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 500 Swift Highway St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 0 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nokomis, Illinois

FATHER 13. NAME Pete Mc. Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Sarah Mc. Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Rochiel Kieselbach, Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown DATE Jan. 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tanner Service, Jefferson City, Mo.

20. FILED 1/14/39 D. P. Osceola Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to Jan 10, 1939  
I last saw her alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis  
Date of onset 1/31  
Other contributory causes of importance: Artero-sclerosis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. D. Taylor, M. D.  
(Address) Jefferson City, Mo.

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.

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**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,

*D. M. Davis*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *D. M. Davis*

Licensed Embalmer No. *7741*

P. O. Address *Jefferson 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, above space should be left blank.**