

REC'D FEB 23 1939

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

2440
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018 Registered No. _____
(c) City Clinton (d) Street No. 137 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 Allie Gaines
(a) Residence, No. 214 77 8th St 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 Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.C. Raines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue Mo

FATHER 13. NAME Benjamin F. Hattelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

MOTHER 15. MAIDEN NAME Nancy Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT (ADDRESS) W.C. Raines, Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL Clinton City Mo 1-3-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed W. Welleson, Clinton Mo

20. FILED 1-28 1939 Dr. J. B. Hampton, Clinton Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1939

22. I HEREBY CERTIFY that I attended deceased from Sept 15 1938 to Jan 1 1939
I last saw her alive on Jan 1 1939 Death is said to have occurred on the date stated above, at 9:30 PM

The principal cause of death and related causes of importance were as follows:

Paralytic ileus

Date of onset
12-29-38

Other contributory causes of importance: 127 lbs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Joseph B. Drull, M. D.

(Address) Clinton, Mo

RECEIVED
District Health Officer No. 7,
District File Number 7-39-207
Date Filed 2-7-39

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

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton, Mo

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

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