REC'D MAY 10 1939

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

13979
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson / Registration District No. 399
(b) Township Kaw. Primary Registration District No. 1002 Registered No. 1733
(c) City Kansas / (d) Street No. Wheatley Hospital St.
(If death occurred in Hospital or Institution, write 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 526 Clarence Gaines
(a) Residence, No. 5343 Montgall St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Marcella Gaines
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 1895
7. AGE YEARS 44 MONTHS 3 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
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) Kansas City Mo.

FATHER
13. NAME Martin Gaines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

MOTHER
15. MAIDEN NAME Sarah Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

17. INFORMANT (ADDRESS) Martin Gaines 5343 Montgall
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 4-25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Irving & Brady 1513 Troost
20. FILED Apr 25 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21- 1939
22. I HEREBY CERTIFY, That I attended deceased from 4/10/39, 19..., to 4/21/39, 19...
I last saw him alive on 4/21/39, 19... Death is said to have occurred on the date stated above, at 9:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Acute myocarditis	
93a	

Other contributory causes of importance: no

Name of operation no Date of no
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19...
Where did injury occur? no no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no no
Nature of injury no no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Henry B. Lyon, M. D.
(Address) 1605 E 18th

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

X14028

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. Edw L Evans

Licensed Embalmer No. 3836

P. O. Address.....

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.