

No. 11. 57

MAY 13 1940

Registration District No. 325

Primary Registration District No. 5450

State File No.

Registrar's No. 64

1. PLACE OF DEATH

(a) County Greene

(b) City or town Walnut 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 20 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Walnut Grove  
(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 William Benjamin Gainer

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1940 hour 4 minute 0 A. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 24 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 3rd 1940 to Apr 4th 1940  
that I last saw him in alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 10 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bronchial Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Bronckville, Greene Co Missouri  
(City, town, or county) (State or foreign country)

Other conditions 1970  
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

11. Industry or business Day laborer

12. Name Charles Gainer

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

14. Maiden name Elizabeth Wolfert

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

16. (a) Informant Mrs Pearl Gainer

(b) Address Walnut Grove Mo

17. (a) Burial (b) Date thereof April-6-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director John A. Gannon

(b) Address Walnut Grove

19. (a) April 6-1940 (b) Edna B Mc Cleure  
(Date received local registrar) (Registrar's signature)

Of autopsy \_\_\_\_\_

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? 2-15

While at work? J. H. Barber (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Barber (M. D. or other) \_\_\_\_\_  
Address Walnut Grove, Mo. Date signed Apr 6th 1940

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 40-5-24

Date Filed 5-7-40

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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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**