

FILED AUG 10 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution: 410 Lafayette  
(d) Length of stay: In hospital or institution 2  
In this community 201 years, months or days

FILED SEP 19 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(d) Street No. 410 Lafayette St.  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Edward Gaines

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oliver Hardin Gaines 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 25 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name John Dabney Gaines

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

14. Maiden name Sarah Helen Singleton

15. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Spence Gaines Taylor  
(b) Address Paris, Missouri

17. (a) Removal (b) Date thereof Aug. 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Helena, Mo.

18. (a) Signature of funeral director E. H. Taylor  
(b) Address St. Helena, Mo.

19. (a) 8/23/40 (b) D. W. B. of 0611-2  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1940 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 21 1940 to August 21 1940 that I last saw him alive on Aug 21 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis  
Cirrhosis of liver  
Due to secondary causes  
Primary cause  
Due to Broncho-Pneumonia

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO  
(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 J. R. Rumbold (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo. Date signed 8/21/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

.....*me.*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....*D. E. Hayes*.....  
Licensed Embalmer No. 1437  
P. O. Address Shelton, 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.**