

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
911 Orner St.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 911 Orner St.
(If rural, give location)
 If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Malinda Ann Gaines

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John S. Gaines 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased April 8, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 8 If less than one day
hr. min.

9. Birthplace Saline County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Guerrant

13. Birthplace X Va. U
(City, town, or county) (State or foreign country)

14. Maiden name Zarilda Ann Hill

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

16. (a) Informant's own signature Mr. John S. Gaines

(b) Address 911 Orner St., Carthage, Mo.

17. (a) Burial (b) Date thereof 11-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Nov. 14, 1940 (b) E. J. McEntine, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
 year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 1940
 that I last saw her alive on November 12 - 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Heart

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. T. W. Winchester (M. D. or other) _____

Address Jasper Mo Date signed 11-12-40

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.

FILED DEC 11 1940

