

APR 9 1941

Registration District No. 36

Primary Registration, District No. 6098A

Registrar's No. 14

03
00
0

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

1. PLACE OF DEATH: St. Louis, Mo

(a) County Bernie Mo R.R. # 3

(b) City or town Rural, Liberty Jwp.
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard ¹⁰³

(c) City or town Bernie
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Bonnie June Gaines

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased Nov. 26 1940 (Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days _____ If less than one day hr. _____ min.

9. Birthplace Marked Tree Ark. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name George N Gaines

18. Birthplace Dexter, Mo (State or foreign country)

14. Maiden name Dorothy Ann

16. Birthplace Kennett, Mo (City, town, or county) (State or foreign country)

16. (a) Informant George N Gaines

(b) Address R#1, Bernie Mo.

17. (a) Made N. Malvern (b) Date thereof March 27, 1941 (Burial, ~~cremation~~) (Month) (Day) (Year)

(c) Place: burial or cremation Malvern, Mo.

18. (a) Signature of funeral director Bernie Stoddard

(b) Address Bernie Mo

19. (a) Marv D. S. 4 (b) Laura Hopkins (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26 year 1941 hour 12 P. minute _____ M.

21. I hereby certify that I attended the deceased from 3-24- 1941, to 3-26- 1941;

that I last saw her alive on 3-26- 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions 108 (Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury MO

23. Signature Dawsey, Bern. (M. D. or other) D

Address Bernie Mo Date signed 3-27-41

RECEIVED

District Health Officer No. 2,

District File Number 441-422

Date Filed 7/27/41

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.