

No. 2  
1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14982  
State File No. 28

Registration District No. 461 Primary Registration District No. 3024 Registrar's No.

1. PLACE OF DEATH  
(a) County Lafayette  
(b) City or town Lexington Mo  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lafayette  
(c) City or town Lexington Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3  
(If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Martha Gene Gaines  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 20th day April  
year 1941 hour 3:30 P.M.  
21. I hereby certify that I attended the deceased from 4/20/41 to 4/20/41  
that I last saw him alive at Lexington Mo and that death occurred on the date and hour stated above.

4. Sex Female  
5. Color or race negro  
6. (a) Single, widowed, married, divorced, separated  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 4-20-1941  
(Month) (Day) (Year)

Immediate cause of death  
Due to chest torn (premature)  
malnutrition

8. AGE: Years Months Days If less than one day  
0 0 0 hr 15 min

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy 240

9. Birthplace Lexington Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name Roy Gaines  
13. Birthplace White Rock Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Pauline Clayton  
15. Birthplace Norborne Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Pauline Clayton  
(b) Address Lexington Mo

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?

17. (a) (Burial, cremation, or removal) Forest Lawn  
(b) Date thereof 4-21-1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Lawn

18. (a) Signature of funeral director  
(b) Address 2401  
19. (a) 4-21-41 (b) Delia Bates  
(Date received local registrar) (Registrar's signature)

23. Signature (M. D. )  
Address  
Date signed 7/29/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number 5-7-41  
Date Filed

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.....

George A. Green....., Registered Apprentice No. 235  
working under my personal supervision.

Signed William Fenley  
Licensed Embalmer No. 3105  
204-50-24th Street  
P. O. Address Lexington, 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, fact should be so stated above.