

FILED OCT 7 1942

State File No.

Registration District No. 341

Primary Registration District No. 152A

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Rural POK camp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether

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

3. (a) PRINT FULL NAME Henry Anderson 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 Lexa Gaines 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct. 30 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 22 hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business.....  
12. Name Joe Gaines  
13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Adlee Birchfield 9  
15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lexa Gaines

(b) Address Dexter, Mo. R. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Ezell Cem.

18. (a) Signature of funeral director Blankenship-Strickland  
(b) Address Dexter, Mo.

19. (a) 9-26-1942 (Date received local registrar) (b) Nora Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 163  
(c) City or town rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. 3 0  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22  
year 1942 hour 3 minute 20 p.m.

21. I hereby certify that I attended the deceased from 9-22-1942 to 9-22-1942  
that I last saw him alive on 9-22-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration  
PHYSICIAN  
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) (c) Means of injury.....

23. Signature Frank Huber (M. D. or other) 9/26/42  
Address Wright, Mo. Date signed 9/26/42

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

103  
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RECEIVED

District Health Office No. 2,

District File Number 1042-1219

Date Filed: 10-5-42

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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. 3479

P. O. Address. Water, 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.**