

FILED JUN 22 1943

State File No.
Registrar's No. 173

Registration District No. 47

Primary Registration District No. 3757

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Auxvasse mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andersons
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. X (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Thomas Edward Gaines

3. (b) If veteran, name war. 3. (c) Social Security No. 498-10-4404

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cassie Gaines 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov. 30th 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Atchenson Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Nelson Gaines
13. Birthplace W.V. W.V.
(City, town, or county) (State or foreign country)
14. Maiden name W.V.
15. Birthplace W.V. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cassie Gaines

(b) Address Auxvasse mo

17. (a) Burial (b) Date thereof June 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Street Cemetery

18. (a) Signature of funeral director Hughes Mansur

(b) Address Auxvasse mo

19. (a) June 7, 1943 (b) John M. Mauthoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1943 hour 7 minute PM

21. I hereby certify that I attended the deceased from Feb 1, 1943
1943, to June 2, 1943
that I last saw him alive on June 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Arterio Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations

Of autopsy

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

23. Signature J. H. Donagan (M. or other) all

Address Auxvasse mo Date signed 6-3-43

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

4
0
0

MOTHER FATHER

1141

JUN 22 1948

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

Hughes Maupin

Licensed Embalmer No.

2358

P. O. Address

Ann Vasse, Md.

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.