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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21377**

**JUN 28 1943**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **492**

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

19  
2  
6

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1141 Robnake**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... **0**

3. (a) PRINT FULL NAME **John Smith Gayers**

3. (b) If veteran, name war **Unk**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Belle Gayer**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Jan. 6, 1872**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>71</b>	<b>5</b>	<b>8</b>	hr. min.

9. Birthplace **Wibster Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician M.D.**

11. Industry or business

12. Name **John Gayers**

13. Birthplace **Unknown Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Smith**

15. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Belle Gayers**

(b) Address **1141 Robnake, Springfield Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 17, 43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cem.**

18. (a) Signature of funeral director **Alfred Ferrell**

(b) Address **Roanoke Mo.**

19. (a) **6-16-43** (Date received local registrar) (b) **B. W. Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**  
year **1943** hour **7** minute **45** p.m.

21. I hereby certify that I attended the deceased from **his Physician in attendance** 19... to 19...  
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Subdural hemorrhage + shock** Duration 2 1/2 hrs

Due to **Head injury in automobile collision**

Due to **Collision with other motor vehicle**

Other conditions **Motor vehicle**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **1700**

Of autopsy **27**

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) **Accident**

Date of occurrence **June 14, 1943** **039**

(c) Where did injury occur? **Greene Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Highway**

While at work? **yes** (specify type of place) (e) Means of injury **Automobile**

23. Signature **Harriette Stone** (M. D. or other)

Address **Springfield Mo** Date signed **6-16-43**

JAN 21 1945

**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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Leymouth MS

**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.

X