

Registration District No. 71

Primary Registration District No. 8012

Registrar's No. 309

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Samuel Lilburn Gaines

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Electa Maude 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 4 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 6 hr. min.

9. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Gaines
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Helt
15. Birthplace So. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Atkins
(b) Address Excelsior Springs, Mo.
17. (a) Burial (b) Date thereof Aug. 12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Crown Hill Cem.

18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs, Mo.
19. (a) 8-12-43 (b) Mrs. Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1943 hour 1:45 PM minute _____ M.
21. I hereby certify that I attended the deceased from Feb 5 - 1943 to Aug 10 1943
that I last saw him alive on Aug 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration following stroke on falling state Jan - 1943
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 93d
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 no (Specify type of place) (e) Means of injury _____
23. Signature Y. D. Braven (M. D. or other) _____
Address Excelsior Springs Date signed 8/11/43

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

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

11/11/43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed

8-20-43

SEP 17 1943

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

Stanley Richard

Licensed Embalmer No.

2757

P. O. Address

Exelsior Springs

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.