

S. No. 2
DM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1944

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30112
Registrar's No. 3918

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 1 day
(Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2617 Highland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maggie Margaret Gaines
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 26 Tuesday
year 1944 hour 3:15 minute A. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Richard F. Gaines
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased November 1, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 10
1944, to Sept. 26 1944
that I last saw her alive on Sept. 26 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 10 25 hr. min.

Immediate cause of death Myocardial Infarction
Due to Coronary Atherosclerosis
Due to Chronic nephritis
Duration 1 year
14 day
1 yr.

9. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
Major findings: 131
Of operations
Of autopsy

11. Industry or business
12. Name Samuel McClain
13. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Verleater Thompson
(b) Address 2630 Woodland Avenue
17. (a) Burial (b) Date thereof 9-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Matthew B. B...
(b) Address 1729 Lydia Avenue
19. (a) 9-29-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M. D.
Address 2484 Olive Date signed 9/30/44

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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

J. Jerome Maxlape

Licensed Embalmer No. *3994*

P. O. Address

2503 Highland

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.