S. No. 2
M—8-43
5-17-39
I X37823

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

3964

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4959

FILED MAR 12 1946

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 87 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Lincoln

(c) City or town Cornerville
(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 Henry Gains

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Jan. 2, 1919
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
27	1	14	hr. min.

9. Birthplace Cornerville, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name Plais Gains
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Berdie Hanna
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans
(b) Address Administration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-17-46
(Month) (Day) (Year)
(c) Place: burial or cremation Pine Bluff, Ark.

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Excelsior Springs, Mo.

19. (a) 2/17/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th
year 1946 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Nov. 22, 1945, 19, to Feb. 16, 1946;
that I last saw him alive on February 16, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, Active 3.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
--
(Specify type of place)
While at work -- (e) Means of injury

23. Signature ERNEST M. TAPP, Lt. Col., M.D. (M.D. or other)
Address Veterans Administration Excelsior Springs, Mo. Date signed 2-17-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-8-46

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior 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.