S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29319

FILED SEP 11 1946

Registration District No. 341 Primary Registration District No. 6152a Registrar's No. 30

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural (Liberty)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2, Dexter, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Grover Gaines

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lula Lee Gaines

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 7, (Day) 18888 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	2	4	hr. min.

9. Birthplace Stoddard County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Gaines 9
13. Birthplace No Record (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Permelia Dunn
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harold Gaines
(b) Address Dexter, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Caroline Dowdy

18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri

19. (a) 9/4-1946 (Date received local registrar) (b) Margaret Prewitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1946 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from June, 1946 to Aug 11, 1946 that I last saw him alive on Aug 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration 4 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46 B

Of autopsy No

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) 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature S. S. Davis (M. D. or other)
Address Dexter Mo Date signed 8-12-46

367 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1079
Date Filed 9-9-46

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter

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.