

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No.

FILED OCT 27 1946
Registration District No.

Primary Registration District No. **4437**

Registrar's No. **192**

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 6 years.

In this community 6 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LORENZO SEYMOUR GAINES

3. (b) If veteran, name war None

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 Kathryn Gaines

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 3 - 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 17
If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

12. Name George Gaines

13. Birthplace Missouri
(City, town or county) (State or foreign country)

14. Maiden name Martha Sanders

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. S. Gaines

(b) Address Cairo Missouri

17. (a) Burial (b) Date thereof Sept 29 - 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Proberly Missouri

18. (a) Signature of funeral director Proberly

(b) Address Proberly Missouri

19. (a) 9-22-46 (b) Seal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from 9 Sept 1946 to 20 Sept 1946
that I last saw him alive on 20 Sept 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Cardiac enlargement

Due to Senility

Other conditions Auricular fibrillation
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy -

PHYSICIAN 95C
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? 2

While at work? 2 (Specify type of place) (e) Means of injury

23. Signature John S. Daylock (M. D. or other) 20
Address Cairo, Mo. Date signed 9-20-46

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

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JUN 28 1956

RECEIVED
District No. 10
District No. 46-1832
Date Filed OCT 4 1946

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 R. M. Cate

Licensed Embalmer No. 4117

P. O. Address Moherly Mo

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.