

REC'D MAR 20 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

7161

Do not use this space.

## 1. PLACE OF DEATH

(a) County Johnson Registration District No. 427  
 (b) Township Kingsville Primary Registration District No. 4254 Registered No. 10  
 (c) City Kingsville (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James Andrew Gaines 520  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Gaines  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-14-1855  
 7. AGE YEARS 82 MONTHS 7 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County Missouri  
 13. NAME Preston Gaines  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W. H. Gaines Smithville, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville, Mo. DATE Feb 24<sup>th</sup> 1938  
 19. FUNERAL DIRECTOR (ADDRESS) T. W. Goodman Holden Missouri  
 20. FILED Feb 23 1938 Pro H. C. Redford Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22<sup>nd</sup> 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1938, to 2-22, 1938  
 I last saw him alive on 2-21, 1938. Death is said to have occurred on the date stated above, at 7:40 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

2/14/38

Other contributory causes of importance:

Aortic Insufficiency

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. Beckman, M. D.

288 (Address) Strasburg, Mo.

STATEMENT BY LICENSED EMBALMER

I, W Goodman, Licensed Embalmer No. 2424

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W Goodman  
Licensed Embalmer No. 2424

**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.)**