

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

21402
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 5
(b) Township Primary Registration District No. 101 Registered No. 660
(c) City St. Joseph (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura May Gaines

(a) Residence, No. 517 Sylvania St., St. Joseph st. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorce unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Gaines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
about 56 Unknown Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rooming House

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard, Missouri

13. NAME Arthur Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

15. MAIDEN NAME Betty Stoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT George Jackson (ADDRESS) Guilford, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE June 27, 1938

19. FUNERAL DIRECTOR Walter Meierhoffer (ADDRESS) 1302 Parson St., St. Joseph

20. FILED 6/27/38 H. J. Meierhoffer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938 19

22. I HEREBY CERTIFY, that I attended deceased from June 21, 1938, to June 25, 1938. I first saw her alive on June 25, 1938. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

Pyo-nephrosis - left
Pyonephrosis
Septicemia
Date of onset ?

Other contributory causes of importance: Nephelostomy

Name of operation Nephelostomy Date of 6-27-38

What test confirmed diagnosis? Culture 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 Dr. A. A. Simon M.D.

(Signed) (Address) 722 1/2 Francis St., St. Joseph

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. 3946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. C. Anderson
No No
No Apprentice or by J. C. Anderson, Registered Apprentice No. Apprentice
working under my personal supervision.
Signed Wilbur H. Kelly
Licensed Embalmer No. 3946

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.)