

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

21548
Do not use this space.

1. PLACE OF DEATH

(a) County Dale Registration District No. 213
 (b) Township Jefferson City, Mo. Primary Registration District No. 3.014 Registered No. 138
 (c) City Jefferson City, Mo. (d) Street No. Dr. Mary St. 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 yrs. mos. ds. (f) How long in S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bobby Bill Michael Gainer **GAINER**

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6-1944

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>1</u>	

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

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) Jefferson City, Mo.

FATHER

13. NAME Loward Dean Gainer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Co, Mo.

MOTHER

15. MAIDEN NAME Mabel Gertrude Cheney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Mo.

17. INFORMANT (ADDRESS) Loward Dean Gainer
California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City, Mo. DATE 6/8, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Callahan & Friedman
California, Mo.

20. FILED 6/8/40, 1940 P. R. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1940, to 6-7, 1940
 I last saw him alive on 6-7, 1940 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

Permeation

15A

Other contributory causes of importance: 6 mo gestation

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1940
 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? _____
 If so, specify no

(Signed) M. R. ..., M. D.
 (Address) Jefferson City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 M. 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.