

NOV 13 1940

Registration District No. 599

Primary Registration District No. 1002

Registrar's No. 3901

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H. C. Allen Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community 8 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 3419 Troost
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME LOYD E GAINES

8. (b) If veteran, name war No 3. (c) Social Security No. 482-09-9217

20. DATE OF DEATH: Month _____ day 10-7-40
year _____ hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from 4:50 P.
10-7-40 to 10-7-40 at 4:50 P.

6. (b) Name of husband or wife Ernest Gaines 6. (c) Age of husband or wife if alive 25 years

that he/she was alive on _____, 19____; and death occurred on the date and hour stated above.

7. Birth date of deceased Jan 27 1910
(Month) (Day) (Year)

Immediate cause of death Empyema, left
lobes pneumonia, left
Chronic mitral regurgitation

8. AGE: Years Months Days If less than one day
30 8 10 hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 163

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

Major findings: Of operations _____

10. Usual occupation Painter

Of autopsy Yes

11. Industry or business _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide

12. Name Edmund P. Gaines

(b) Date of occurrence _____

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

14. Maiden name Anna Rogalski

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

While at work? _____ (Specify type of place)

16. (a) Informant Benjamin P. Gaines

28. Signature Walter H. Grooms (M. D. or other) _____

(b) Address 4730 Summit

Address H. C. Allen Date signed _____

17. (a) Burial (b) Date thereof Oct. 9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Wm. M. Grooms
(b) Address 7406 W. Normal Rd.
(c) 10-9-40 (d) W. M. Grooms
(Date received local registrar) (Registrar's signature)

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.....

Harlyn Rae

Licensed Embalmer No. 2810

P. O. Address K.C. 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, above space should be left blank.