FILED MAY 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4:20 a.m.

State File No. 14409

Registration District No. 1035 Primary Registration District No. 5372 Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Dent Co.
(b) City or town Rural, Texas Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 65, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dent 33
(c) City or town Rural, Texas Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lodicia Magadlene Gaines.
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced O M.
6. (b) Name of husband or wife Frank Gaines 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 2 (Month) 1 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	22	hr. min.

9. Birthplace Dent Co. (City, town, or county) O Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Ruben B. Hume.
13. Birthplace Missouri (City, town, or county) O (State or foreign country)
MOTHER
14. Maiden name Frances Johnson
15. Birthplace Alabama (City, town, or county) 1 (State or foreign country)
16. (a) Informant Graff Gaines
(b) Address Salem, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hepsoda
18. (a) Signature of funeral director Hobson & Grauthen
(b) Address Salem Mo
19. (a) 4/6 1941 (Date received local registrar) (b) J. A. Kissick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1941 hour 4:20 minute a. M.
21. I hereby certify that I attended the deceased from Nov 21, 1940, to Mar. 2, 1941, that I last saw her alive on Mar. 2, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia.	4 mo.
Due to Cerebral Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Leon H. Hunt (M. D. or other) M.D.
Address Salem Mo Date signed 2/25/

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 541 1620
Date Filed

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 N D Hobson, Registered Apprentice No. ..... working under my personal supervision.

Signed N D Hobson

Licensed Embalmer No. 928

P. O. Address Salem Ore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.