

FILED MAY 14 1943

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 144

1. PLACE OF DEATH:

(a) County... **Butler**

(b) City or town... **Poplar Bluff**

(c) Name of hospital or institution: **Poplar Bluff Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **approx. 30 days**

In this community... **approx. 30 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Butler**

(c) City or town... **Poplar Bluff**

(d) Street No... **663 A. So 5th St.**

(e) Citizen of foreign country? **no.**

3. (a) PRINT FULL NAME... **Joe Gaines**

3. (b) If veteran, name war... (c) Social Security No.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife... **Will Gaines (deceased)** 6. (c) Age of husband or wife if alive... **Unknown** years

7. Birth date of deceased... (Month) (Day) (Year)

8. AGE: Years **about 64** Months Days If less than one day hr. min.

9. Birthplace... **Elgin, Arkansas**

10. Usual occupation... **Chambermaid**

11. Industry or business... **Thomas Wright**

12. Name... **Virginia**

13. Birthplace... **Missouri**

14. Maiden name... **Rose Lynn Taylor**

15. Birthplace... **Arkansas**

16. (a) Informant... **Todd Wright**

(b) Address... **Tuckerman, Arkansas**

17. (a) (b) Date thereof... **May 4, 1943**

(c) Place: burial or cremation... **City Cemetery**

18. (a) Signature of funeral director... **Greer Croy Funeral Serv.**

(b) Address... **442 Vine St. Poplar Bluff, Mo.**

19. (a) **5-8-43** (b) **Belle Turner**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **second** year **1943** hour **2** minute **30** P.M.

21. I hereby certify that I attended the deceased from **4-27, 1943** to **5-2, 1943** that I last saw her alive on **5-1, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death... **Toxemia**

Due to... **Burn, chemical, produced by home-made liniments**

Due to... **abrasions & bruises of left leg caused by fall**

Other conditions... **local infection**

Duration **5 days**

PHYSICIAN

Major findings: Of operations... Of autopsy...

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **128**

(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) (e) Means of injury...

23. Signature... **J. W. Jones** (M. D. or other) Address... **Poplar Bluff, Mo.** Date signed **5/9/43**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

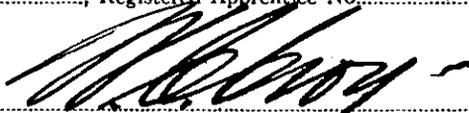
District File Number 542-695

Date Filed 5-18-42

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.....

L.V. Adamson....., Registered Apprentice No. 349
working under my personal supervision.

Signed.....


Licensed Embalmer No. 3474

P. O. Address. Poplar Bluff, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13832
Registrar's No. 144

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH

(a) County Butler
(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pap. Bluff Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 ds (Specify whether years, months or days) 30 yrs

3. (a) PRINT FULL NAME Joe Gaines

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex 7 5. Color or race B 6. (a) Single, widowed, married, divorced and
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years att 64 Months — Days — If less than one day — min.

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

10. Usual occupation —
11. Industry or business —

MOTHER FATHER
12. Name —
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant —
(b) Address —

17. (a) (Burial, cremation, or removal) — (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation —

18. (a) Signature of funeral director —
(b) Address —

19. (a) (Date received local registrar) — (b) (Registrar's signature) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Paplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 663 E. So. 5th St
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1942 hour — minute — M.

21. I hereby certify that I attended the deceased from — 19— that I have seen him — live on — 19— and that death occurred on the date and hour stated above.
Immediate cause of death Toxemia

Due to Burns - chemically produced by home-made dynamite
local infection

Other conditions (Include pregnancy within 3 months of death) —

Major findings: 18 Nov 42

Of operations —

Of autopsy —

Duration 5 ds

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) Accident
(b) Date of occurrence Unknown
(c) Where did injury occur? Paplar Bluff, Butler, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - fell on some steps
While at work? Yes (Specify type of place) (e) Means of injury Abandonment

23. Signature J. W. Fonda (M. D. or other) —
Address Paplar Bluff, Mo Date signed 5-27-42

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

SUPPLEMENTARY

