

Registration District No. 383

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon Mo.
(c) Name of hospital or institution: Missouri State Sanatorium
(d) Length of stay: In hospital or institution 92 days
In this community 92 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Ounder
(d) Street No.
(e) Citizen of foreign country? (Yes or No) /
If yes, name country.

3. (a) PRINT FULL NAME Vergie EMMA GAINES

3. (b) If veteran, name war. No. 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Clifford W. Gaines 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased July 26 1910

8. AGE: Years 33 Months 1 Days 3

9. Birthplace Genessee County Missouri

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry C. Queen
13. Birthplace unknown Missouri
14. Maiden name unknown unknown
15. Birthplace unknown unknown

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo State San., Mount Vernon
17. (a) Removal (b) Date thereof Aug 30 1943
(c) Place: burial or cremation Ponder Mo.

18. (a) Signature of funeral director N. D. Forsett
(b) Address Mt Vernon Mo
19. (a) Aug 30 1943 (b) Andy Crawford

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1943 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from May 20 1943 to Aug 28 1943
that I last saw her alive on August 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis about 3 yrs.

Due to 13 fl
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Esther E. Colman (M. D. or other)
Address Mo State Sanatorium Date signed 8-29-43

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

RECEIVED

District Health Officer No. 6,

District File Number 943-1036

Date Filed SEP 11 1943

OCT 8 1943

OCT 27 1943

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 Max S. Foster

Licensed Embalmer No. 4252

P. O. Address McLennan 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.