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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32193

Registration District No. 156246 Primary Registration District No. 2001 Registrar's No. 556

OCT 13 1943

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 38th + Virginia Sts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 23
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 38 + Virginia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William E. Gaines
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 27 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Moberly (City, town, or county) Mo (State or foreign country)
10. Usual occupation Miner + Carpenter
11. Industry or business
FATHER
12. Name Mr Record
13. Birthplace " " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mary Gaines
(b) Address 38 + Virginia Ave Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Thornhill Funeral Home
(b) Address Joplin, Mo
19. (a) 10-2-43 (Date received local registrar) (b) Gertrude Duchoble (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1943 hour 3:10 minute P.M.
21. I hereby certify that I attended the deceased from Sept 20 1943 to Sept 29 1943 that I last saw him alive on Sept 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 830
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? (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 0
23. Signature Charles L. Coal (M. D. or other)
Address 306 Main Ave Joplin Mo Date signed 10-2-43

1221

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-7-43
District Health Officer No.
District File Number 1043-186
Date Filed 10-7-43

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 Cecil a. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.