

FILED SEP 8 1947

Registration District No. **78**

Primary Registration District No. **5359**

Registrar's No. **88**

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

1. PLACE OF DEATH:

(a) County Dayless  
(b) City or town "Rural" Grand River Rowship  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 Mile South Jameson, Mo. 7  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Ronald Judson Gaines

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 30 1937  
(Month) (Day) (Year)

8. AGE: Years 9 Months 10 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

11. Industry or business Jameson Public School

12. Name Judson G. Gaines

13. Birthplace Jameson Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Smedley

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

16. (a) Informant Judson G. Gaines

(b) Address Jameson, Mo.

17. (a) Burial (b) Date thereof 8-6-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) 8-27-47 (b) Virginia M. Emphlett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dayless  
(c) City or town Jameson  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3  
year 1947 hour About 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Aug 2nd, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Duration \_\_\_\_\_

Due to Patching with plank in running stream  
Due to 1 mile west of his home

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) Accident  
(b) Date of occurrence 8-3-1947  
(c) Where did injury occur? Rural Dayless Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Grand River

While at work? No (c) Means of injury Drowning  
23. Signature B. Graham M. D. or other \_\_\_\_\_  
Address Jameson Date Aug 8 1947

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed

*L. O. Richardson*

Licensed Embalmer No. *3304*

P. O. Address *Fallston, Md.*

**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.**