S. No. 2
M—5-43
6-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11228

Registration District No. 338 | Primary Registration District No. 6148 | Registrar's No.

1. PLACE OF DEATH:

(a) County: Stoddard
(b) City or town: Bloomfield, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home, 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard 103
(c) City or town: Dexter, 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Walter Randolph Gaines,
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct. (Month) 14 (Day) 1889 (Year)

8. AGE: Years 58 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace: Dexter, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laboror
11. Industry or business: Self

MOTHER FATHER
12. Name: Joe Gaines,
13. Birthplace: unknown 6 (City, town, or county) (State or foreign country)
14. Maiden name: Adalee Birtchfield,
15. Birthplace: Dexter, Mo. 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Jim Gaines,
(b) Address: Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 13, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: A. Dowdy Cemetery
18. (a) Signature of funeral director: Atkins Funer. Ser
(b) Address: Dexter, Mo.
19. (a) 3-26-48 (Date received local registrar) (b) Rose Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1948 hour 8 minute P M.
21. I hereby certify that I attended the deceased from January 15, 1947, to March 11, 1948 that I last saw him alive on March 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia (cause unknown) — Duration: 2 years.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: None performed
Of autopsy: None performed

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: Jos. Jones (M. D. or other) M.D.
Address: Bloomfield Mo Date signed Mar 22-1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 348-447
Date Filed 3-29-48

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Me.

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.