DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946

5613

State File No.

K37823

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 966

28 3 8

4602

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89
(c) City or town Richmond (If outside city or town limits, write "RURAL")
(d) Street No. 123 Tribble St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gardner Willis Gaines
3. (b) If veteran, name war World War I
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Shumaker
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September (Month) 26 (Day) 1884 (Year) 1884

8. AGE: Years	Months	Days	If less than one day
61	5	0	hr. min.

9. Birthplace Kearney (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Physician M.D.
11. Industry or business
FATHER
12. Name John Joseph Gaines
13. Birthplace Williamsburg (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Lawton
15. Birthplace Kearney (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Carl Gaines
(b) Address Richmond, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyslope Cem Richmond, Mo
18. (a) Signature of funeral director [illegible] Fermuelth
(b) Address Richmond, Mo.
19. (a) 2-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1946 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from 25 Feb 46, 19 , to 26 Feb 46, 19 ;
that I last saw him alive on 26 Feb, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Probable Coronary Occlusion	3 days?
Due to Arteriosclerotic Heart Disease with Hypertension	[illegible]
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	
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
23. Signature Jos. E. Welker, M.D. by Jack Hill, M.D. (M.D. or other)
Address Trinity Lutheran Hosp. Date signed 26 Feb 46

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1946

MAR 25 1946

MAR 27 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.