

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH9716  
Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. \_\_\_\_\_  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 1181  
 (c) City K6 Mo (d) Street No. ST. LUKES HOSPITAL St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

LEO GASTON 235  
 (a) Residence, No. 408 CHESTNUT St.  OSAWATOMIE KANSAS  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 11 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 2 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STUDENT

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OSAWATOMIE KANS.

13. NAME WM GASTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD MO

15. MAIDEN NAME HAZEL BOHYER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OSAWATOMIE KANSAS

17. INFORMANT (ADDRESS) WM GASTON OSAWATOMIE KANS.

18. BURIAL, CREMATION, OR REMOVAL PLACE OSAWATOMIE KS DATE MCH 15 1938

19. FUNERAL DIRECTOR (ADDRESS) D.W. NEVILL GONLERS SONS K.C. Mo

20. FILED Mch 15 1938 Wm. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MCH 15 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12 1938 to March 15 1938

I last saw him alive on March 14 1938 Death is said to have occurred on the date stated above, at 7:10 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 3-8-38  
108  
 Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) W. E. Knapp, M. D.

(Address) 954 1/2 E. 13th  
K.C. Mo

Jan 21 1988  
until 4:15 PM

Dr. Krappenberg  
arrive  
until 4 PM

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

*Nell Carr*

Licensed Embalmer No. \_\_\_\_\_

*3976*

**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.)**