S. No. 2
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34

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18313

State File No.

FILED JUN 28 1940

Registration District No. 28

Primary Registration District No. 5400

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Douglas

(b) ~~City or town~~ Ava, Rural Washington

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 Douglas

(c) City or town Ava, Missouri Rural

(If outside city or town limits, write "RURAL")

(d) Street No. Route 3

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James S. Gastineau 235

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maggie Gastineau

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 23 (Month) (Day) 1892 (Year)

8. AGE: Years 48 Months 0 Days 19 If less than one day hr. min.

9. Birthplace ------ (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER

12. Name James C. Gastineau

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

MOTHER

14. Maiden name Nanie Moore

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

16. (a) Informant Bertie Newman

(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkingbeards 976

(b) Address Ava, Missouri

19. (a) 5-28 1940 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 12, 1940, to, 19; that I last saw him alive on May 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound apparently self inflicted — Duration

Due to

Due to

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) apparently suicide

(b) Date of occurrence May 12 — 1940

(c) Where did injury occur? Near Pussy (City or town) Douglas (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Neighbor Farm (Specify type of place)

While at work? (e) Means of injury

23. Signature R M Norman (M. D. or other)

Address Ava Mo Date signed May 23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-40-143
Date Filed JUN 11 1940

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, above space should be left blank.