

No. 2
13-40
17-39
X23159

APR 15 1941
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1264**

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:
2936 Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2936 Olive Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28th**
year **1941** hour **9** minute **40 P.**M.
21. I hereby certify that I attended the deceased from **9-12-38**
19 **3-28** to **3-28** 19 **41**
that I last saw him alive on **3-28** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Generalized Arteriosclerosis and Hypertension**
Duration **14 days**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **Arteriosclerosis and Hypertension**
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Mr. Lon H. Gaskell**

3. (b) If veteran, name war **No** 3. (c) Social Security No.

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

6. (b) Name of husband or wife **Mrs. Helen Gaskell** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **June 2 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **26** If less than one day hr. min.

9. Birthplace **Cedarville Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clothing Man**

11. Industry or business **Retired**

12. Name **Thomas Gaskell**

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

14. Maiden name **Huldah Sears**

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

16. (a) Informant **Mrs. Helen Gaskell**

(b) Address **2936 Olive**

17. (a) **Burial** (b) Date thereof **Mar 31 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **D.H. Newcomer's sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **3/21/1941** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (c) Means of injury
23. Signature **Arthur W. Gaskin** (M. D. or other) **M.D.**
Address **236 Argyle** Date signed **3/27/41**

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

2:30. 5/1/80

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address W.C. Mo.

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.