

FILED APR 25 1942

Registration District No. **399**

Primary Registration District No. **1002**

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: **J.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)  
In this community **36 years**

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. **3720 Main St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HENRY GASCON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Nellie Cecelia Gascon** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **No record** **No record** **1868**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 no record no record** hr. min.

9. Birthplace **No record** **England**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Photographer**

11. Industry or business **Self**

12. Name **Gascon**

13. Birthplace **No record** **England**  
(City, town, or county) (State or foreign country)

14. Maiden name **No record** **No record**  
(City, town, or county) (State or foreign country)

15. Birthplace **L.H. Gascon**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Belleville, Kansas**

(b) Address **Belleville, Kansas**

17. (a) **Burial** (b) Date thereof **4-8-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph Shawnee Mo.**

18. (a) Signature of funeral director **Walter J. ...**  
(b) Address **1901 Olathe Blvd. K.C., Mo.**

19. (a) **4-7-42** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th**  
year **1942** hour **6** minute **0** A.M. M.

21. I hereby certify that I attended the deceased from **4-1-42** 19... to **4-5-42** 19...  
that I last saw him alive on **4-5-42** 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Tumor, site not definitely determined, believed to be either transverse colon or kidney**

Due to \_\_\_\_\_  
Due to **55**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**

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?

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature **Walter J. ...** (M. D. or other)  
Address **Med. Dir. K.C. Gen. Hospital** Date signed \_\_\_\_\_

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

748  
33  
8

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**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..... *Jimmy S. Huck*.....  
Licensed Embalmer No. *4092*.....  
P. O. Address..... *K.C. Kansas*.....

**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.**