

X29484

FILED JUN 27 1942

State File No. \_\_\_\_\_  
 Registrar's No. **2341**

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:  
**Trinity Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 month, 14 days**  
(Specify whether years, months or days)  
 In this community **2 months**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3022 Forest**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mr. James Talbert Gaskill**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ **Unknown**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>			_____ hr. _____ min.

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

10. Usual occupation **Live Stock**

11. Industry or business **Dealer**

12. Name **John Gaskill** Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. B. Gaskill**  
 (b) Address **3022 Forest**

17. (a) **Removal** (b) Date thereof **6-17-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seymour, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary**  
 (b) Address **Kansas City, Mo.**

19. (a) **6/17/42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **17**  
 year **1942** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **May 1/42**  
 \_\_\_\_\_, 19\_\_\_\_, to **6-17**, 19\_\_\_\_  
 that I last saw him alive on **6/17/42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Abscesses of Spleen with Abscesses of Pancreas**

Due **Multiple River Abscesses**  
 Due to \_\_\_\_\_

Other condition **Old Fibrosis Peritonitis**  
(Include pregnancy within 3 months of death)  
**Old Tuberculosis**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **As above**

Duration

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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature **John H. Ogilvie** M.D. or other \_\_\_\_\_  
 Address **3022 Forest St., Kansas City, Mo.** signed **6/17/42**

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

MOTHER FATHER

*W. J. Smith*

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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.....

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.**