

FILED DEC 12 1942

Registration District No. 139

Primary Registration District No. 4221

Registrar's No. 83

114  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: \_\_\_\_\_

(a) County Holt

(b) City or town Mound City  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: \_\_\_\_\_

(a) State Missouri (b) County Holt

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

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Francis J. Gaskill.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th.  
year 1942 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 9 1942 to Nov 9 1942  
that I last saw him alive on Nov 9 1942  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louisa E. Gaskill.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 3 1870.  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis

8. AGE: Years 72 Months 8 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g3a

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

10. Usual occupation farmer.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name George W. Gaskill.

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

14. Maiden name Suzanna C. East.

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

16. (a) Informant Louisa Gaskill

(b) Address Mound City, Mo.

17. (a) Burial. (b) Date thereof Nov. 12. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director W. H. Crawford

(b) Address Mound City, Mo.

19. (a) 11-12-42 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

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

(e) Means of injury \_\_\_\_\_

23. Signature F E Heger (M. D. or other) \_\_\_\_\_

Address Mound City MO Date signed 11-11-42

1185

**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

*W. Crawford*

Licensed Embalmer No.

*1824*

P. O. Address

*Spaulding City 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.**