S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Wakeman

State File No. 39828

Registrar's No. 1088

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 1507 St. Louis (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: 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 37

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

(d) Street No.: 1507 St. Louis (If rural, give location) 5

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: William Thomas Gaston

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: Margaret B. Gaston

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

7. Birth date of deceased: Oct. (Month) 31 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	12	____ hr. ____ min.

9. Birthplace: (Near) Springfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Lumberman

11. Industry or business: ____

FATHER
12. Name: W.E. Gaston
13. Birthplace: Huntsville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Alice Deeds
15. Birthplace: (Near) Springfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Margaret B. Gaston
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Smith Cemetery

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) ____ (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1948 hour 5 minute 40p. M.

21. I hereby certify that I attended the deceased from January 1947 to 13 Dec 1948 that I last saw him alive on 11 December 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningitis Chronic Cause undetermined	1 year
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
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): None
(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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: J. Newton Wakeman (M.D. or other)
Address: Springfield, Mo. Date signed: 11 Dec 48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. McGraw, Registered Apprentice No. 272, working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.