

Registration District No. 347

Primary Registration District No. 3018

42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CLINTON GENERAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK
(Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry 42
(c) City or town Brownington mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. P.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MOSES ALEXANDER GASKILL

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced mar 1

6. (b) Name of husband or wife HARIET 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Oct 11 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 17 If less than one day _____
by _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name JOSEPH GASKILL

13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

14. Maiden name FISHER 9

15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M-A GASKILL

(b) Address Brownington mo

17. (a) Burial (b) Date thereof 1-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD

18. (a) Signature of funeral director Consalus Peak

(b) Address Clinton mo

19. (a) 2-13-41 (b) Dr J. H. Hancher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1941 hour 9 minute 9 P. M.

21. I hereby certify that I attended the deceased from Feb 3, 1941, to Feb 10, 1941; that I last saw him alive on Feb 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 days

Due to Atherosclerosis
Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) 42W

Major findings: Of operations _____

Of autopsy _____

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? 312

While at work (Specify type of place) (e) Means of injury _____

23. Signature Ed C. Keelon (M, D, or Other) M D P

Address Clinton Mo Date signed 2/10/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-41-404

Date Filed 3-4-41

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 J. E. Consolev

Licensed Embalmer No. 1891

P. O. Address Clinton 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, above space should be left blank.