

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24492

State File No. _____

Registration District No. 24

Primary Registration District No. 4018

Registrar's No. _____

4

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

1. PLACE OF DEATH: Audrain
 (a) County Audrain
 (b) City or town Ladsonia
 (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 56 years
 years, months or days

3. (a) PRINT FULL NAME WILLIAM KNOX GASS JR
 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 widowed
 6. (b) Name of husband or wife Sarah McDonald Gass 6. (c) Age of husband or wife if alive No years
 7. Birth date of deceased Aug 17 1850
 (Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 3 If less than one day
 hr. min.

9. Birthplace Audrain Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Samuel B Gass

13. Birthplace Audrain Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Pearson

15. Birthplace Audrain Co, Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant J C Gass

(b) Address Medico Mo

17. (a) Burial (b) Date thereof July 24
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladsonia Mo

18. (a) Signature of funeral director H J Branger

(b) Address Ladsonia Mo

19. (a) 7-20-1940 (b) W K McCall
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Ladsonia
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th.
 year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 2-1940
July 20, 1940, to July 20, 1940;
 that I last saw him alive on July 18, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Anemia

Due to Age 71 1/2

Due to _____
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
 Of autopsy None

Duration 2-Years
 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?
 (Specify type of place) _____ (e) Means of injury _____

23. Signature W K McCall (M. D. or other) _____

Address Ladsonia Mo Date signed 7-20-40

RECEIVED

District Health Officer No. 10

District File Number S-40-1494

Date Filed AUG 7 1940

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 not

Registered Apprentice No. _____

working under my personal supervision.

*The relatives would not
have body embalmed*

Signed _____

Licensed Embalmer No. 1297

P.O. Address Ladonia, 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.