

No. 2  
4-13-40  
-17-39  
I X23

FILED JAN 21 1941 609  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5808

Registrar's No. 132

1. PLACE OF DEATH:  
 (a) County NEWTON  
 (b) City or town NEOSHO MO.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
NEWTON COUNTY INFIRMARY  
 (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 3

3. (a) PRINT FULL NAME GEORGE S GASTON  
 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 UNKNOWN 6. (c) Age of husband or wife if alive UNKNOWN years  
 7. Birth date of deceased UNKNOWN 1880  
 (Month) (Day) (Year)

8. AGE: Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

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

MOTHER FATHER  
 12. Name MARION GASTON  
 13. Birthplace UNKNOWN OHIO  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ALBIA MORRIS  
 15. Birthplace UNKNOWN OHIO  
 (City, town, or county) (State or foreign country)

16. (a) Informant Infirmary Records  
 (b) Address Neosho Mo.

17. (a) BURIAL (b) Date thereof DEC. 19, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COUNTY INFIRMARY

18. (a) Signature of funeral director Orley Thompson  
 (b) Address Neosho Mo.

19. (a) 1-9-41 (b) Wm A. Salimath  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County NEWTON  
 (c) City or town NEOSHO RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. COUNTY INFIRMARY, Bldg 5  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 18  
 year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1940, to Dec 18, 1940

that I last saw him alive on Dec 6, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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

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? 543

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

23. Signature R. L. ... (M. D. or other) \_\_\_\_\_

Address Neosho Mo Date signed 1-9-41

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

3

RECEIVED

District Health Officer, No. 6,

District File Number 141-142

Date Filed JAN 15 1941 JAN 15 1941

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 Gail K. Gray

Licensed Embalmer No. 4155

P. O. Address Neosho, 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.