

FILED OCT 13 1941
Registration District No. 377

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days) 2 Days

3. (a) PRINT FULL NAME Mr. Martin Luther Gaston

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Grace Gaston 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 4 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 3 hr. min.

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

10. Usual occupation Switchman (Retired Feb. 1941)

11. Industry or business Rock Island R.R.

12. Name Robert H. Gaston

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

14. Maiden name Unknown

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

16. (a) Informant Grace Belle Gaston

(b) Address Little Rock, Ark.

17. (a) Removal (b) Date thereof Sept. 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director D. H. Newcomb

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/7/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999
(c) City or town Little Rock 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3415 West 14th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day seventh
year 1941 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept. FIFTH, 1941, to Sept 7th, 1941;
that I last saw him alive on Sept 6th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death ENCEPHALOMALACIA Duration 7 mo

Due to MASSIVE Cerebral Thrombosis 7 mo

Due to GENERALIZED ARTERIO-SCLEROSIS Several years

Other conditions 62
(Include pregnancy within 3 months of death) 0/0

Major findings: 43C PHYSICIAN

Of operations 43C
Of autopsy SAME AS ABOVE
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) N.O.

(b) Date of occurrence ✓

(c) Where did injury occur? ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

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

23. Signature H. E. ... (M. D. or other) O.M.D.
Address 632 Prof. Bldg. R.C.M. Date signed 7-7-41

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

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 *H.C. Macomber*

Licensed Embalmer No. 4823

P. O. Address *N.C. 240*

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.