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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1947

Registration District No. 372

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40738

Primary Registration District No. 4543

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Seymour Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EVAN GASKILL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Gaskill

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April (Month) 4 (Day) 1880 (Year)

8. AGE: Years 67 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Wright County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Railroad (Retired)

11. Industry or business

FATHER
12. Name James Gaskill
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Elizabeth Newton
15. Birthplace Wright County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J. W. Gaskill (brother)
(b) Address Seymour Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 21 (Day) 1947 (Year)
(c) Place: burial ~~or cremation~~ Seymour Cemetery

18. (a) Signature of funeral director Kelley Ferrell, Bergman
(b) Address Seymour Mo.

19. (a) Nov 1 (Date received local registrar) (b) Gilbert Jones (Registrar's signature) 21 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1947 hour 9:45 minute P.M.

21. I hereby certify that I attended the deceased from 4-17, 1947 to 10-19, 1947
that I last saw him alive on 9-28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93A
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. G. Bless (M. D. or other)
Address Seymour Mo. Date signed 10-27

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1147-1186
Date Filed NOV 19 1947

NOV 13 1956

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. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fredland 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.