

REC'D AUG 17 1939

Registration District No. 112

Primary Registration District No. 5317

Registrar's No. 6

1. PLACE OF DEATH: 2
(a) County Crawford
(b) City or town USA
(c) Name of hospital or institution: Post Office Dillard-Town Crease
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All his Life Time (Specify whether years, months or days)

3. (a) PRINT FULL NAME William R. Gibbs 120
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 13 - 1930
(Month) (Day) (Year)

8. AGE: Years 8 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Crawford Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Scout Boy

11. Industry or business —

MOTHER, FATHER { 12. Name George H. Gibbs
13. Birthplace Crawford Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Minnie
15. Birthplace Crawford Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo H. Gibbs
(b) Address Dillard Missouri

17. (a) (b) Date thereof Keyville Mo 7/7-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Keyville Mo 7/7-1939

18. (a) Signature of funeral director J. J. Jones
(b) Address Steelville Missouri

19. (a) 7-12-39 (b) E. E. Feltz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County S
(c) City or town USA
(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 6th - 1939
year 1939 hour 06 minute PM

21. I hereby certify that I attended the deceased from June 23 39
July 6, 1939
that I last saw him alive on July 2, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Acute 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? —

While at work? (Specify type of place) Means of injury —
28. Signature W. P. Deers (M. D. or other)
Address Steelville Mo Date signed 7/13/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

93.R.

RECEIVED

District Health Officer No. 5,

District File Number 8394

Date Filed 8-10-39

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 Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

L. J. Jones

Licensed Embalmer No. 2379

P. O. Address. Shelville 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.