

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

43838  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Lafayette Registration District No. 465  
 (b) Township Waller Primary Registration District No. 5620B  
 (c) ~~City~~ or ~~Rural~~ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Jessie (Ellen) Gibbs  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. N. Gibbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1853

7. AGE YEARS 86 MONTHS \_\_\_\_\_ DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Liberi Mo (STATE OR COUNTRY) 0

PATHER 13. NAME John Howard

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Partheya Hudnell

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Melrose St. Washburn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Mo DATE 1-1-1930

19. FUNERAL DIRECTOR (NAME) Walter Meindler (ADDRESS) Highway 7 Mo

20. FILED Jan 1st 1930 Clayton Sanderson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1939, to Dec 30, 1939  
 I last saw him alive on Dec 30, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Senility 121  
 Chronic Interstitial Nephritis  
 Arterio Sclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify: \_\_\_\_\_  
 (Signed) Walter Meindler  
89 (Address) Washburn Mo

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.

JUN 12 1945

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 6-12-45

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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 Robert H. Haefner  
Licensed Embalmer No. 539  
P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.