

FILED MAR 11 1940
399

Registration District No.

Primary Registration District No. 1002

Registrar's No.

768

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

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
2711 Bales Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether
years, months or days) 25

3. (a) PRINT FULL NAME Casaway J. Gibson

3. (b) If veteran, No name war No
3. (c) Social Security No. No

4. Sex Fe 5. Color or race W
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Edward Gibson 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct 27 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 23
If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER
12. Name Singleton Candler
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Gibson
(b) Address Odessa, Mo.

17. (a) Removal (b) Date thereof 2/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director L. C. Korman
(b) Address Odessa, Mo.

19. (a) Feb. 20, 1940 (b) Mo. Crovel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1940 hour minute 4 P. M.

21. I hereby certify that I attended the deceased from Jan 29, 1940 to Feb. 20, 1940
that I last saw her alive on Feb. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocating
Due to Senility 110

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no.
Of autopsy no.

22. If death was due to external causes, fill in the following: no.
(a) Accident, suicide, or homicide (specify) no.
(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 1

23. Signature J. Henry George (M. D. or other)
Address 2605 Chestnut Date signed 2-20-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Irving L. Husman

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.