

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wheatley-Provident Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Yrs. (Specify whether years, months or days)  
In this community Ben Gibson

3. (a) PRINT FULL NAME BEN GIBSON 125

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

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

6. (b) Name of husband or wife Rosetta Gibson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 8 1895  
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Musician

11. Industry or business

12. Name Samuel R. Gibson

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Beltz 9  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta Gibson

(b) Address 2519 Park Ave

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Kansas

18. (a) Signature of funeral director Wm. M. Crowe

(b) Address 1819 E. 15th St - KC Mo

19. (a) Aug. 1, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2519 Park Ave, K.C. Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 1940  
year \_\_\_\_\_ hour 2 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 31 1940 to July 30 1940  
that I last saw him alive on July 30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death broncho-pneumonia  
Due to infection, systemic  
Due to 1070

Other conditions Bronchial asthma  
(Include pregnancy within 3 months of death)

Major findings: Bronchial asthma  
Of operation: Cystitis  
Of autopsy: No

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) 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? None

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

23. Signature Chas. R. Blumenthal M.D. (M. D. or other) \_\_\_\_\_  
Address Lincoln Bldg Date signed 7-30-40

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

MOTHER FATHER

1408

**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 Edw. J. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15<sup>th</sup> St

**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.**