

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leavenworth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 to 10 days
(Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Bates Gibbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Matilda Gibbs 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 7th 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Gibbs

13. Birthplace Pike County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Gibbs

(b) Address Perry, Mo.

17. (a) removal (b) Date thereof 1/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perry, Mo.

18. (a) Signature of funeral director Clyde C. Wilcox

(b) Address Perry, Mo.

19. (a) Jan 13, 1941 (b) H. C. Fisher
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
(c) City or town Rural
(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 Jan day 8th year 1941 hour _____ minute 7:45 AM

21. I hereby certify that I attended the deceased from Jan 4, 1941, to Jan 8, 1941; that I last saw him alive on Jan 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease
Heart

Due to arterio sclerosis

Due to _____

Other conditions Lobar Pneumonia 3 days
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 108

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 no

(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? Y/N

(e) Means of injury _____ (Specify type of place)

While at work? _____ (e) Means of injury

23. Signature H. C. Fisher (M. D. or other) _____

Address Hannibal, Mo Date signed 1-11-41

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

39
30
X21492

4
3
4

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

Clyde C. Wilber

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3388

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 547

Primary Registration District No. 3029

Registrar's No.

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Bates Gessner

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 m

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased April 7 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 1 If less than one day hr min

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address 4/4/1941 (b) E. M. Leake (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Jan day 8 year 1997 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (r) Means of injury

23. Signature J. W. Hardesty (M. D. or other) Address Hannibal Mo Date signed

SUPPLEMENTARY

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

