

No. 2
4-13-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Fitch 14555
State File No. _____
Registrar's No. 328

MAY 13 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 328

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 936 St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 37 years
years, months or days

3. (a) PRINT FULL NAME Thomas R. Gibson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eurah Lee Gibson

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased. Dec. 30 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Lawyer

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Thomas H. Gibson Jr.

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof. 4/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-18-41 (b) W.E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 936 St. Louis
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1941 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from 4/16/41
_____ 19____ to 4/17 1941
that I last saw h. IM alive on 4/16
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus

Duration 20 years

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)

(e) Means of injury _____

Signature Max Fitch (M. D. or other) MD

Address Springfield, Mo. Date signed 4/18/41

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:

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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, fact should be so stated above.