No. 2
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FILLED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18119

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 4 hours. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Oklahoma (b) County Ottawa 3d

(c) City or town Picher, Okla. 0 (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.? 2 years.

3. (a) PRINT FULL NAME Infant son of Mr. and Mrs. Orvile Gibbons.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 14. 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days If less than one day 9 hr. 45 min.

9. Birthplace Joplin Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Orvile Gibbons
13. Birthplace Granby, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora B. Drennan
15. Birthplace Canyon City, Texas. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Orval I Gibbons

(b) Address Picher, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-14-41 (Month) (Day) (Year)

(c) Place: burial or cremation G. A. R. Miami, Okla. 372

18. (a) Signature of funeral director [signature]

(b) Address 200 So. [illegible] Picher Okla

19. (a) 5-15-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-14, 1941, to 5-14, 1941; that I last saw him alive on 5-14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Atalactasis of new born

Due to Lived 8 hrs.

Due to

Other conditions (Include pregnancy within 3 months of death) 161 W

Major findings:
Of operations
Of autopsy

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

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Joplin Mo. Date signed 5/16-41

(Licensed Embalmer's Statement on Reverse Side)

Dr James for Removal.

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 [signature]

Licensed Embalmer No. 820.

P. O. Address Bicher Okla

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

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