

No. 2
-13-40
17-39
2-312

State File No. _____

FILED DEC 3 1941

Registration District No. _____

Primary Registration District No. 5587

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: R. F. D. 1
(If not in hospital or institution, write street number or location)

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

In this community 65 years
years, months or days)

3. (a) PRINTED FULL NAME: rs. Elizabeth Petty Gibson

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

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

6. (b) Name of husband or wife W. T. Gibson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 25 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name G. W. Ford

13. Birthplace unknown / Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Susan Lytle

15. Birthplace unknown / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Gibson

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 11-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Missouri

19. (a) 11-19-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. RFD # 1, Windsor
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1941 hour 11:10 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 15, 1941, to Nov. 16, 1941;

that I last saw h. or alive on Nov. 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pouch
injury Duration 5 days

Due to Influenza and fractured femur 6 days
3 months

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 051

(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) _____ (e) Means of injury

23. Signature J. W. Blackmore (M. D. or other) 0

Address Windsor, Mo. Date signed 11-19-41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-2-41

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

E. W. H. Hinton

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.

STANDARD CERTIFICATE OF DEATH

State File No. 38604

Registration District No. 14

Primary Registration District No. 5587

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural
(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 _____
(Specify whether _____)
In this community _____
years, months or days

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Elizabeth P. Gibson

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 June 25, 1855
(Month) (Day) (Year)

8. AGE: Year 89 Months 4 Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to fractured femur
fall in home at former residence on Sept. 19, 1941
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Sept. 19, 1941

(c) Where did injury occur? near Windsor Johnson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm house

While at work? yes (Specify type of place) (e) Means of injury Fallen floor

23. Signature J. C. Blackmore (M. D. or other) _____

Address Windsor, Mo. Date signed 9-14-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

SUPPLEMENTARY

S-38604