

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Few Minutes
(Specify whether years, months or days)
 In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5759 Indiana Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Ora Elmer Gibson

MEDICAL CERTIFICATION

3. (b) If veteran, name war World War No. 1

3. (c) Social Security No. 714-07-1734

20. DATE OF DEATH: Month August day 18th
 year 1942 hour 11 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Netta Gibson
 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased April 18 1894
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>4</u>	<u>0</u>	hr. min.

Immediate cause of death:
Coronary sclerosis
Chronic hypochromic microcytic anemia
Acute pulmonary edema

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

Due to _____ 19____;
 Due to _____ 19____;

10. Usual occupation Clerk

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Railways Express Agency

PHYSICIAN

12. Name Samuel Gibson

Major findings: Of operations _____

13. Birthplace Terra Haute Indiana
(City, town, or county) (State or foreign country)

Of autopsy See form

14. Maiden name Alice Morris

Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant Mrs. O. E. Gibson

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

(b) Address 5759 Indiana

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Aug. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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)

(c) Place: burial or cremation Memorial Park Cemetery

While at work _____ (Specify type of place) (d) Means of injury _____

18. (a) Signature of funeral director O. H. Newcomer, Son

23. Signature [Signature] (M. or another) _____

(b) Address 1401 Brush Creek Blvd.

Address _____ Date signed 8/19/42

19. (a) 8-20-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

SEP 3 1942

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 *J. Virgil Herrick*
Licensed Embalmer No. *3599*
P. O. Address *Kansas City 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.