

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

Registration District No. **194749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kanas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Steva Clara Nursing Home for Invalids**
(If not in hospital or institution, write street number or location) **40 das**
(d) Length of stay: In hospital or institution **10yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo** (If outside city or town limits, write "RURAL")
(d) Street No. **4721 Park Ave** (If rural, give location) **no**
(e) Citizen of foreign country? **no** (Yes or No)

3. (a) PRINT FULL NAME **Anna Leonora Gibson**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **29**, year **1943** hour **6 P.M.** minute **M.**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widow**
(b) Name of husband or wife **W.D.S. Gibson Deceased** 6. (c) Age of husband or wife if alive **37**
7. Birth date of deceased **July 26 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 1943 to August 29 1943**
that I last saw her alive on **August 29 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **1** Days **3** If less than one day hr. min.
9. Birthplace **Indiana** (City, town, or county) (State or foreign country)

Immediate cause of death **Carcinoma of sigmoid - well generalized metastatic** Duration
Due to **462**

10. Usual occupation **Home**
11. Industry or business
12. Name **Ben Zahm**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Fredrick**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

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.

16. (a) Informant **Robert S Gibson**
(b) Address **4721 Park**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 31, 1943** (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**
18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood Blvd**
19. (a) **8-30-43** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

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) (b) Means of injury
23. Signature **Paul T. Hunt** (M. D. certifies)
Address **1032 W. 13th St** Date signed **8-30-43**

DR PAUL HUNT
PROF BG
PHONE VI 4625

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..... *Chas E. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Linwood*

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.