

FILED MAR 15 1944/2

Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
416 North 13th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 416 North 13th Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Alexander Gibson

3. (b) If veteran, No name war  
3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2

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

7. Birth date of deceased February 5 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Trackman

11. Industry or business Missouri Pacific Railroad

12. Name Penic Gibson

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

14. Maiden name Alma Haskins

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

16. (a) Informant Family Records

(b) Address 416 No. 13th Street, St. Joseph, Mo

17. (a) Burial (b) Date thereof 2/19/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) 2-19-44 (b) Rose Skizas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th.  
year 1944 hour 2:00 minutes A.M.

21. I hereby certify that I attended the deceased from 2-7-44 to 2-17-44  
that I last saw him alive on 2-8-44  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Disease

Due to Cardiac Failure

Due to Pulmonary Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a

Of autopsy

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

23. Signature (M.D. or other)

Address 218 N. 1st St. St. Joseph, Mo. Signed 2-27-44

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

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**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 *Albert B. Harrington*

Licensed Embalmer No. *3258* *Missouri*

P. O. Address *St. Joseph, Missouri*

**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.**