

FILED APR 7 1945

Registration District No. 275

Primary Registration District No. 4478

State File No. ....

Registrar's No. 9

1. PLACE OF DEATH:  
(a) County Schuyler  
(b) City or town Lancaster  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY GIBSON  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Nathan Gibson 6. (c) Age of husband or wife if alive, years 18  
7. Birth date of deceased May 18 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER { 12. Name Henry Spikner  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Susan Dendler  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jeffers  
(b) Address Lancaster MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Armi Memorial

18. (a) Signature of funeral director P O Stanton  
(b) Address Lancaster MO

19. (a) 3-11-45 (Date received local registrar) (b) W. Justice (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Schuyler  
(c) City or town Lancaster (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct 7 1940 to Feb 18 1944 that I last saw her alive on Feb 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to Old age

Other conditions (Include pregnancy within 3 months of death) 93d

PHYSICIAN  
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  
(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 A.E. Hughes (M. D. or other) D.O.  
Address Lancaster MO Date signed 3/10/45

RECEIVED

District Health Officer No. 10

District File Number 5-44-686

Date Filed APR 6 1944

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.....

Licensed Embalmer No. 3705

P. O. Address Sanctus

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

If this body is not embalmed, fact should be so stated above.