

Registration District No. 254

Primary Registration District No. 4386

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(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 2 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon ²⁵

(c) City or town Thayer ⁰
(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 _____ ⁰

3. (a) PRINT FULL NAME George W. Gibson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora B. Teeple 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb. 13 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 - 22 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Cora B. Gibson

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 3/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Geo Carr

(b) Address Thayer, Mo.

19. (a) 4-6-44 (b) Joe D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 2
to March 5 1944
that I last saw him live on March 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Renal Prostatitis

Due to Sanity

Due to _____

Other conditions 137A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Joe D. Williams (M. D. or other _____)

Address Thayer, Mo. Date signed 4-1-44
Casper

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

15
1
0

1110

RECEIVED

District Health Officer No. 5,

District File Number 544305

Date Filed 5.17.44

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.....

P. O. Address.....

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.