

S. No. 2
M-243
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 179

FILED SEP 14 1944
Registration District No. 237

Primary Registration District No. 5584

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - McDonald Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #2, Sarcoxie
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town McDonald Township - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2, Sarcoxie, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE EMERSON GIPSON

3. (b) If veteran, name war None

3. (c) Social Security No. 496-20-109

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Burton Gipson

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August 20, 1879
(Month) (Day) (Year)

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

64	11	20	
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hr. min.

9. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER PATRIE

12. Name William Gipson

13. Birthplace Poke Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Davidson

15. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. E. Gipson

(b) Address Route #2, Sarcoxie, Mo.

17. (a) Burial (b) Date thereof 8-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood

18. (a) Signature of funeral director E. J. ...

(b) Address Cariboga

19. (a) Aug 11 '44 (b) E. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th,
year 1944 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from _____
to _____
that I had not seen him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Injuries due to being struck by truck

Due to Street structure, both curbs both top broken in many places

Other conditions: _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence Aug 9, 44

(c) Where did injury occur? Highway #65
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway #65

While at work? Yes (Specify type of place) Truck
(e) Means of injury _____

23. Signature R. J. ... (M. D. or other) _____
Address Northage Mo Date Aug 10

1203

24

44-9-702

JUL 19 1946

JUL 22 1946

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..... *Eddeeman*

Licensed Embalmer No. *2222*

P. O. Address *Orthoge*

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.