. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34703

State File No.

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 105

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town 3
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John L. Gibson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feby 11 - 1880 (Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Loraine (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired poultryman
11. Industry or business
FATHER
12. Name James Gibson
13. Birthplace (City, town, or county) England 4 (State or foreign country)
MOTHER
14. Maiden name Sarah Adair
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Lyda B Gibson
(b) Address Macon Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) 11/3/44 (Date received local registrar) (b) Nora B. Kunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1944 hour 6 minute P M.
21. I hereby certify that I attended the deceased from July-25, 1944 to Oct-4-, 1944 that I last saw him alive on Oct 4 - 1:00 PM, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary-Occlusion
General Arteriosclerosis and
Due to Hypertension
Due to 94A
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration 2

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 [illegible] (M. D. or other)
Address [illegible] Mo Date signed 10/10/44

1289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1877
NOV 10 1944
Date Filed

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 Skinner

Licensed Embalmer No. 751

P. O. Address Macon Mo

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.