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v. 5-17-39  
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41059

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 14 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 3378

Registrar's No. 15

1. PLACE OF DEATH:

(a) County DeKalb 3

(b) City or town Union Star, Mo. (Rural) DeKalb  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 13 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32

(c) City or town Union Star, Mo. (Rural) DeKalb  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME NATHAN P. GIBSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1945 hour 10 minute 15 am.

21. I hereby certify that I attended the deceased from Nov 10 1945 to Nov 10 1945, that I last saw him alive on Nov 10 1945 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Dec 20, 1853  
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 91 Months 10 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Green Gibson

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

14. Maiden name Sarah Morgan

15. Birthplace (City, town, or county) Texas (State or foreign country) \_\_\_\_\_

16. (a) Informant Earl Gibson

(b) Address Union Star, Mo.

17. (a) Burial (Burial, cremation, or exposure) (b) Date thereof Nov. 13, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (c) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 11-18-45 (Date received local registrar) (b) Ref. W. Davidson (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. M. Reynolds (M. D. or other) \_\_\_\_\_

Address Union Star, Mo. Date signed 11-10-45

1537 (Licensed Embalmer's Statement on Reverse Side)

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

32  
0  
0

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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.