V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

981

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1385

FILED JAN 31 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 301

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 75 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 615 Main 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jess Gibbs

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) 1868 (Day) (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

MOTHER FATHER
12. Name Frank Gibbs
13. Birthplace Unknown (City, town, or county) 7 (State or foreign country)
14. Maiden name Liza Celch
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1

17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 1-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Missouri

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 1-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1946 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan. 14, 1946, to Jan. 15, 1946; that I last saw him alive on Jan. 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9-3-8

Major findings:
Of operations

Of autopsy None

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 Clark W. Seelig M.D.
Address Med. Dir. Gen'l Hosp. Date signed 1-16-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Morris

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.