

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 10453
 Registrar's No. 73

FILED MAR 27 1946
 Registration District No. 269

Primary Registration District No. 3056

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
604 S-5th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn
 (c) City or town Reynolds Springs, Tenn.
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME Herbert Gibbs
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 18
 year 1946 hour 10 minutes 30 P.M.
 21. I hereby certify that I attended the deceased from 28 Nov
1945 to Feb 18 1946
 that I last saw him alive on 18 Feb 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mamie Gibbs
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Dec 30 1872
(Month) (Day) (Year)

Immediate cause of death acute Cardiac Dilatation
 Due to chronic myocarditis
 Due to Coronary Sclerosis
 Other conditions none
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Ottawa Co., Michigan
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings:
 Of operations none
 Of autopsy none
 PHYSICIAN 93d
Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business ✓
 12. Name Edwin Gibbs
 13. Birthplace Michigan
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Harrison
 15. Birthplace Michigan
(City, town, or county) (State or foreign country)

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 0
 23. Signature Will Fleming M.D. 93d
 Address Washburn Ave Date signed 20 Feb

16. (a) Informant Mrs Mamie Gibbs
 (b) Address Chillicothe, Mo.
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/19/46
(Month) (Day) (Year)
 (c) Place: burial or cremation Chillicothe, Mo.
 18. (c) Signature of funeral director Mahan and Son
 (b) Address Moberly, Mo.
 19. (a) 2-19-46 (Date received local registrar) (b) Leah Williams (Registrar's signature)

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

9366

RECEIVED

District Health Officer No. 10

District File Number 3-46-603

Date Filed MAR. 19. 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.....

Frank B. D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.