

FILED OCT 14 1948

STANDARD CERTIFICATE OF DEATH

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

Registration District No. 140

Primary Registration District No. 5546

Registrar's No. 68

1. PLACE OF DEATH

(a) County Howard  
(b) City or town Franklin  
(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 3 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Franklin  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOYCE ANN GIBSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 21 - 1943  
(Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Wiley Gibson  
13. Birthplace Howard Co. (City, town, or county) (State or foreign country)  
14. Maiden name Wylene Garrison  
15. Birthplace Boonville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address Franklin Mo.

17. (a) Burial (b) Date thereof 9-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clark Chapel

18. (a) Signature of funeral director L.S. Doolen  
(b) Address New Franklin Mo.

19. (a) 9-27-46 (b) Dorothy Ferguson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26  
year 1946 hour 2 minute pm

21. I hereby certify that I attended the deceased from 9-23 1946, to 9-26 1946  
that I last saw him alive on 9-26 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Salmonella (acute) 4 days

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

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

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

Major findings: Of operations 36

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) Means of injury \_\_\_\_\_

23. Signature W.A. Bloom (M. D. or other) M.D.  
Address Franklin Mo. Date signed 10-2-46

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

28054

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-12-46

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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 H. P. Hall  
(MRS)  
Licensed Embalmer No. 3515  
P. O. Address New Franklin, 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.