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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 7 1948**  
THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 39752  
Registrar's No. 39782

Registration District No. 149 Primary Registration District No. 1002

**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: 4347 Benton Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 30 years (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME:** Walter H. GIBBONS  
**3. (b) If veteran,** name war none **3. (c) Social Security No.** 486-01-6950

**4. Sex:** male **5. Color or race:** white  
**6. (a) Single, widowed, married, divorced:** married  
**6. (b) Name of husband or wife:** Mary E. Gibbons  
**6. (c) Age of husband or wife if alive:** 60 6/7 years  
**7. Birth date of deceased:** October 10 1877  
(Month) (Day) (Year)

**8. AGE:**  
Years: 68 Months: 11 Days: 9  
If less than one day: hr. min.

**9. Birthplace:** Boonville Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Office Manager

**11. Industry or business:** Western Union Telegraph

**12. Name:** Frank Gibbons  
**13. Birthplace:** England  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** Alice Punshon  
**15. Birthplace:** England  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. Mary E. Gibbons  
**(b) Address:** 4347 Benton Blvd., K.C., Mo  
**17. (a) Burial:** Sedalia, Missouri  
(Burial, cremation, or removal) **(b) Date thereof:** 9-23-46  
(Month) (Day) (Year)  
**(c) Place:** burial or cremation Sedalia, Missouri

**18. (a) Signature of funeral director:** Melody-McGilley-Eylar  
**(b) Address:** 1800 E. Linwood Blvd., K.C., MO.  
**19. (a) 9-19-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4347 Benton  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept. day 19  
year 1946 hour 6 minute 30 A. M.

**21. I hereby certify that I attended the deceased from** March 1940 to Sept 19 1946  
that I last saw him alive on Sept 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

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

Other conditions: Pericardial Disease  
(include pregnancy within 3 months of death)

Major findings: 9/4a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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?

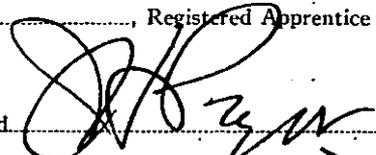
**23. Signature:** R. H. Underwood, M.D. (Specify type of place) (M. D. or other)  
**(a) While at work?** **(b) Means of injury:** \_\_\_\_\_  
Address 915 Republic Blvd Date signed 9-19-46

Duration unknown  
PHYSICIAN unknown  
Underline the cause to which death should be charged statistically.

*Acropolis Valley*

**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 .....  
Licensed Embalmer No. *2007*.....  
P. O. Address *KL*.....

**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.**