

No. 2  
-12-45  
-17-39  
X47073

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10446

Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 68

1. PLACE OF DEATH

(a) County St. Francois Co. - Mo

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community Offham

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois Co. 94

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIAS JAMES GIBSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9-47  
year 1947 hour 11 minute 10<sup>PM</sup>

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Eliza Gibson

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct 15 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1946 to March 9 1947  
that I last saw him alive on March 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Bright Disease

8. AGE: Years 76 Months 4 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to unknown

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

Other conditions blind & Pro Sora  
(Include pregnancy within 3 months of death)

9. Birthplace St. Francois Co Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

12. Name Thomas Gibson

13. Birthplace Texas Co. Mo. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Garrison

15. Birthplace Texas Co Mo 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Maggonis Dondue

(b) Address Lammigan Mo

17. (a) Burial (b) Date thereof 3-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pendleton Doshin Mo

18. (a) Signature of funeral director Sparks Wd Co

(b) Address Flat River Mo

19. (a) 3-11-47 (b) Ether Redlaff  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 13 B

22. If death was due to external causes, fill in the following:

(c) 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 W. Dale (M. D. or other) \_\_\_\_\_  
Address Bismarck Mo Date signed 3-8-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Health Officer No. 4  
District File Number 347-362  
Date Filed 3-17-47

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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

*Edward Sparks*

Licensed Embalmer No.

*4287*

P. O. Address

*Flat River 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.**