

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hotel
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. St. Francis Hotel
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: George Earl Gibson

3. (b) If veteran, name war World #2.
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Nina Cowell
 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased September 24 1919
(Month) (Day) (Year)

8. AGE: Years 27 Months 6 Days 23
 If less than one day
 hr. _____ min. _____

9. Birthplace Walnut Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Pilot U.S. Army-Discharged

11. Industry or business Nov. 1946:

MOTHER FATHER { 12. Name William Gibson

13. Birthplace Emporia Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary W. Wilson

15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William Gibson

(b) Address Coffyville, Kansas

17. (a) Burial (b) Date thereof Apr. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meisshaffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 4-21-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 17th
1947 year, hour 11, minute 30 P. M.

21. I hereby certify that I attended the deceased from April 16th 1947 to _____ 19____.

that I last saw him alive on _____ 19____.

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging Duration _____

Due to _____

Due to _____

Other conditions 4 P
(Include pregnancy within 3 months of death)

Major findings: 16
 Of operations _____

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: Suicide

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 17th 1947

(c) Where did injury occur? St Joseph, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel,

While at work? No (Specify type of place)
 (c) Means of injury Hanging

23. Signature B. W. Tadlock Coroner 3
(M. D. or other)

Address King Hill Bldg Date signed 4/18/47
St. Joseph, Mo.

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

JUN 4 1947
MAY 20 1947
JUN 19 1947

MAY 2 1947

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 Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.