

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 26 1947
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17423
 State File No. _____
 Registrar's No. **2131**

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:
Kansas City General Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 month 6 days**
(Specify whether _____)
 In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **(Joseph) John J. Gibson**
3. (b) If veteran, name war **World War No. 2**
3. (c) Social Security No. **487-07-9612**

4. Sex **Male** **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 **February 4 1914**
(Month) (Day) (Year)

8. AGE: Years **33** Months **3** Days **9**
If less than one day hr. min.

9. Birthplace **Kansas City Kansas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Employee**

11. Industry or business **Rusco Window Company**

12. Name **William J. Gibson**
13. Birthplace **Hannibal Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary McDonald**
15. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. J. Gibson**
(b) Address **2225 Franklin, K.C.K.**
17. (a) Burial **(b) Date thereof** **May 16, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Jos. A. Butler's Sons**
(b) Address **22 South 18th St. K.C.K.**
19. (a) 5-14-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Kansas** (b) County **Wyandotte**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2225 Franklin Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **13**
 year **1947** hour **7** minute **01** A.M.

21. I hereby certify that I attended the deceased from **April 4th** 19**47** to **May 13** 19**47**
 that I last saw him alive on **May 13** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Post operative thoracic vagotomy-Perforated esophagus
Massive atelectasis
 Due to **(n.m.o.)**

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **116**
 Of operations _____
 Of autopsy **See Above**

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 _____
23. Signature **Wm. J. Gibson** (M. D. or other) _____
Med. Dir. Gen. Hosp. # 1 Date signed **5-13-47**

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

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

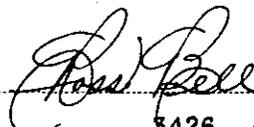
Dr. Husband

AUG 11 1948

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. **3426** **Missouri**

P. O. Address **Kansas City, Kansas**

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.