

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 13 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 3

Primary Registration District No. 45-15-

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

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Milan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 9 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Sullivan  
(c) City or town Milan  
(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 Dave Green Gibson  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 709-18-8490

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 2  
year 1947 hour 9 minute 45 a.m.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Ann Nancy Gibson  
(c) Age of husband or wife if alive 65 years  
7. Birth date of deceased: May 19 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 26, 1947, to June 2, 1947, that I last saw him alive on June 2, 1947, and that death occurred on the date and hour stated above.  
Immediate cause of death: chron. Myocarditis with apparently acute decompensation from over exertion.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration several years

8. AGE: Years 66 Months 13 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions: Angina, arteriosclerosis.  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

9. Birthplace Linn County (City, town, or county) (State or foreign country)  
10. Usual occupation Hardware Merchant  
11. Industry or business \_\_\_\_\_  
12. Name David Gibson  
13. Birthplace Linn Co Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Virginia Johnson  
15. Birthplace Linn Co Mo. (City, town, or county) (State or foreign country)  
16. (a) Informant Roger Gibson  
(b) Address Milan, Mo.  
17. (a) Burial (b) Date thereof 6 4 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Capron  
18. (a) Signature of funeral director Roger Gibson  
(b) Address Milan, Mo.  
19. (a) June 4 1947 (b) Mrs. H. B. Harris  
(Date received by local registrar) (Registrar's signature)

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 J. S. Montgomery (M. D. or other) \_\_\_\_\_  
Address Milan Mo. Date signed 6-4-47

1947

JUN 18 1947

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-662  
Date Filed JUN - 9 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 *Harold A. Aggen*

Licensed Embalmer No. *3792*

P. O. Address *Melrose, 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.