No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38151

Registrar's No. 4658

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)
In this community: 1 Month

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 933 Jackson 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 10

3. (a) PRINT FULL NAME: Mary Frances Gibson
3. (b) If veteran, name war: — no
3. (c) Social Security No.: — none
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 8 (Month) 12 (Day) 1947 (Year)
8. AGE: Years | Months 2 | Days 12 | If less than one day 24 hr. min.
9. Birthplace: Chillicothe (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: child
11. Industry or business: —
MOTHER FATHER
12. Name: Cleo Gibson
13. Birthplace: Linn Co (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name: Gladys Prewett
15. Birthplace: Chillicothe (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: Cleo Gibson
(b) Address: 933 Jackson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 (Month) 6 (Day) 47 (Year)
(c) Place: burial or cremation: Floral Hills
18. (a) Signature of funeral director: J. C. Shell
(b) Address: Kansas City Mo
19. (a) 11-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov. day: 6 year: 1947 hour: 3 minute: 50 A.M.
21. I hereby certify that I attended the deceased from Oct. 25, 1947 to Nov. 6, 1947; that I last saw her alive on Nov. 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital heart, atelectasis	
left lung, Subarachnoid	
Due to: hemorrhage	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: See above	

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

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? 0 (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wm W Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 11-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Andrews

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 J. P. Street

Licensed Embalmer No. 3625

P. O. Address K.C. 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.