S. No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1911

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1120 N. Main (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Maryville (If outside city or town limits, write "RURAL")
(d) Street No. 1120 N. Main (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Wallace P. Gibson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
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 Dec. (Month) 24 (Day) 1867 (Year)
8. AGE: Years 80 Months Days 20 If less than one day hr. min.
9. Birthplace Andrew Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation farm laborer
11. Industry or business
MOTHER FATHER
12. Name Geo. Wesley Gibson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Violet
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Claude Ferguson
(b) Address Bolckow Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.
19. (a) 1-16-48 (Date received local registrar) (b) Beso Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1948 hour 1:30 minute A.M.
21. I hereby certify that I attended the deceased from Jan 1-1946 to Jan 12-1948 and that I last saw him alive on Jan 6-1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart due to an old Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
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:
(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? (Specify type of place)
While at work? (d) Means of injury

23. Signature Chas. T. Bell (M. D. or other)
Address Maryville Mo. Date signed 1/14/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.