S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4840

FILED FEB 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 645

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

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: 309 Garfield, Conv. Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo (Specify whether
In this community 25 yrs. years, months or days)

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. 919 Bennington 8 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EUGENE D. GIBSON
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife Margaret Minerva Gibson
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 8/10/1861 (Month) (Day) (Year)

8. AGE: Years 86 | Months 6 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Lafayette Co., Mo. 6 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business --
FATHER
12. Name Aaron Gibson 9
13. Birthplace Unk. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Williams
15. Birthplace Unk 9 (City, town, or county) (State or foreign country)
16. (a) Informant Miss Lillian Gibson
(b) Address 919 Bennington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Mo.
18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.
19. (a) 2-13-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 1948 hour 10 minute 10 A M.
21. I hereby certify that I attended the deceased from 1930, 19..., to 2-12-, 1948 that I last saw him alive on 2-1-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute dilatation of heart	
Due to Chronic Myocarditis	10 yrs
Due to Arteriosclerosis	15 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 930
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. Cannerley Anderson (M. D. ~~or other~~)
Address 6416 Indep. Ave Date signed 2-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. O'Neil

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.