

FILED MAY 13 1948  
Registration District No. 31948

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County HOWARD

(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 78 years (Specify whether years, months or days)

In this community 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN HENRY GIBBS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5  
year 1948 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3-2, 1948, to 3-5, 1948,  
that I last saw him alive on 3-4, 1948  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Annae Rhea 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DEC. 13 1857  
(Month) (Day) (Year)

Immediate cause of death Coronary Embolism  
Stroke  
Following Coronary Embolism

Duration 1 day  
3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>2</u>	<u>21</u>	hr. min.

9. Birthplace CHILICOTHE MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name PETER DENT GIBBS

13. Birthplace BEDFORD VIRGINIA  
(City, town, or county) (State or foreign country)

14. Maiden name MARY WARDEN

15. Birthplace HOWARD COUNTY  
(City, town, or county) (State or foreign country)

16. (a) Informant John Rhea Gibbs

(b) Address Glasgow Mo.

17. (a) Burial (b) Date thereof Mar 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo.

18. (a) Signature of funeral director Wendley Wrenn

(b) Address Glasgow Mo.

19. (a) 3-21-48 (b) John Rhea Gibbs  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_  
(Specify type of place)

23. Signature W. Warden (M. D. or other) \_\_\_\_\_

Address Glasgow Mo. Date signed 3-5-48

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-29-48

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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. 3336

P. O. Address Glasgow 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.