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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33607

State File No. 33607

Registration District No. 245 — Primary Registration District No. 13047 — Registrar's No. 94

1. PLACE OF DEATH:

(a) County: Newton

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

(c) Name of hospital or institution: Sales Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: McDonald

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

(d) Street No.: ✓ (If rural, give location): 1

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: ✓

3. (a) PRINT FULL NAME: GEORGE BURTEN GIBSON

3. (b) If veteran, name war: None

3. (c) Social Security No. 560-01-8208

4. Sex: male

5. Color or race: white

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: Feb (Month) 11 (Day) 1895 (Year)

8. AGE: Years 53 Months 9 Days 13 If less than one day: ✓ hr. ✓ min.

9. Birthplace: Neosho (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ✓

FATHER
12. Name: Joe Gibson
13. Birthplace: Newton Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Lillie Harrison
15. Birthplace: F.L. Smith (City, town, or county) Ark (State or foreign country)

16. (a) Informant: Larkin Gibson
(b) Address: Anderson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Lanagan, Mo.

18. (a) Signature of funeral director: Jetton Funeral Home
(b) Address: Anderson Mo.

19. (a) Oct. 28, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 24th year: 1948 hour: 11 minute: 10 A.M.

21. I hereby certify that I attended the deceased from Oct 23, 1948 to Oct 24, 1948 that I last saw him alive on Oct 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	
Due to: Congestive Heart Failure	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: None

Of autopsy: None

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? (e) Means of injury:

23. Signature: [illegible] M.D. (M. D. or other)
Address: Neosho, Mo Date signed: Oct 28, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Newton Co Health Unit
District Health Officer No.
File Number 1148-409
Date Filed 11-3-48

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 me, Registered Apprentice No. ✓, working under my personal supervision.

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.