

1939 JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41841
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township New Primary Registration District No. _____ Registered No. 4907
 (c) City Manchester (d) Street No. Conley Clinical Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 12.5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GIBSON H. R.
 (a) Residence, No. 613 Woodland St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Gibson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1868
 7. AGE YEARS 70 MONTHS - DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Doctor
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Do not know unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know unknown

MOTHER 15. MAIDEN NAME Do not know unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know unknown

17. INFORMANT (ADDRESS) Dr. J. Gibson
613 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Claris New Mexico DATE Dec 18 '38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Panathos Bros
12 C. ...

20. FILED Dec 18 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 - 1938, to Dec. 18 1938
 I last saw him alive on Dec. 17 1938. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis & Right Hemiplegia
 Date of onset 4 days
93°

Other contributory causes of importance:
Arterio-Sclerosis and Fibroid myocarditis
Chronic
 Date years

Name of operation none Date of _____
 What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. J. Schindler M.D.
 (Address) 421 Schubert Bldg
Manassas City 2204

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT TO BE MADE BY THE EMBALMER
OF THE BODY OF THE DECEASED

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.....

P. O. Address.....

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, above space should be left blank.

