

Registration District No. **408** **MAR 11 1940**

Primary Registration District No. **3020**

Registrar's No. **35**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Stone Memorial Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 hours 1**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cloann Gibson**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex **female** **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 **August 1 1939**
(Month) (Day) (Year)

8. AGE: Years **0** Months **6** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Neosho Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business
MOTHER { **12. Name** **Wilson T. Gibson**
13. Birthplace **Cassville Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Virgie Frazer**
15. Birthplace **Powell Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Wilson T. Gibson**

(b) Address **Neosho, Missouri Rt # 5**

17. (a) Burial (b) Date thereof **Feb 10 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kenny Cemetery**

18. (a) Signature of funeral director **Corley Thompson**
(b) Address **Neosho Missouri**

19. (a) Feb. 9, 1940 (b) **E. J. McIntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Neosho**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route # 5**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **6**
year **1940** hour **5** minute **P.M.**
21. I hereby certify that I attended the deceased from **January 30**
1940, to **Feb 6** **1940**
that I last saw her alive on **Feb 6** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** **Duration few days**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **None**
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) **no**
(b) Date of occurrence _____
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) **(e) Means of injury** _____

23. Signature **Melvin McCullough** (M. D. or other) **D.O.**
Address **Saw Br. Bldg. Neosho** **Date signed** **2/8/40**

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

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.

107a
RECEIVED

District Health Officer No. 6,

District File Number 340-766

Date Filed MAR 9 1940

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.....

Gail K. Gay....., Registered Apprentice No. 189
working under my personal supervision.

Signed Barley Thompson
Licensed Embalmer No. 3259

P. O. Address Newsho 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6934**
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **408**

Primary Registration District No. **3020**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Stone Memorial Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 hours**
In this community **Bon Aire** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Newton**
(c) City or town **Rural** (If outside city or town limits write "RURAL")
(d) Street No. **R.F.D. # 5 Neosho** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Cloanna Gibson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **and**
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 6 _____ h _____ min.

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

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Wilson T. Gibson**

13. Birthplace **Carroll** **Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Virgie Frazer**

15. Birthplace **Powell** **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Thompson's Funeral Home**
(b) Address **Neosho**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 10 - 40** (Month) (Day) (Year)

(c) Place: burial or cremation **Kenney Cemetery 2 P.M.**

18. (a) Signature of funeral director **Corley Thompson**

(b) Address **Neosho, Mo**

19. (a) _____ (Date received local registrar) (b) **W. A. Sale** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **6** year **1940** hour **4:45** minute **10** M.

21. I hereby certify that I attended the deceased from **Jan 30th** 19**40**, to **Feb 6** 19**40**, that I last saw her alive on **Feb 6**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia** Duration **10 DAYS**

Due to _____

Due to **Primary - no complications**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) **no**

(b) Date of occurrence _____

(c) Where did injury occur? **none** (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) _____ (e) Means of injury _____

23. Signature **Melvin McCullough** (M.D. or other) **MD**

Address **Neosho Mo** Date signed **2/6/40**

W. M. Cullough

S-6934