

Registration District No. 188 8121340

Primary Registration District No. 4535

State File No. _____

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Warrenton City
(b) City or town Wright City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days) 1 1/2

3. (a) PRINT FULL NAME Patience Gibson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Benjamin Gibson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 17
(Month) (Day) (Year)

8. AGE: Years 1 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Wright City, Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Home duties

11. Industry or business _____
12. Name Saul Sharp
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Maria Araly
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Gibson
(b) Address Wright City, Mo.
17. (a) Wright City (b) Date thereof _____
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation Wright City, Mo.

18. (a) Signature of funeral director W. G. Pettigrew
(b) Address Wright City, Mo.
19. (a) February 29, 1940 (b) Judith D. Dieburg
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town Wright City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 28 day 28
year 1940 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 26
~~Feb 20~~ 1940 to Feb 20 1940
that I last saw him alive on Feb 20 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis (MI)

Due to _____
Due to _____
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Charles L. Garcia (M. D. or other) _____
Address Warrenton, Mo. Date signed 2/29/40

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

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3
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15-15-3-16

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **8498**

Registration District No. **882**

Primary Registration District No. **4535**

Registrar's No.

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

1. PLACE OF DEATH:

(d) County **Warren**
(b) City or town **Warrenton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Patience Gibson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased **apr 17 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	10	11	hr _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **2/29/40** (b) **John A. Seburg**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month **Feb** day **28**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

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? _____

While at work? _____ (Specify type of place) _____ (a) Means of injury _____

23. Signature **Charlie L. Lewis** (Date of death)
Address **Warrenton** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

