

FILED JUN 6 1940

Registration District No. 62

Primary Registration District No. 4161

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Union Star, Mo
(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 8 years years, months or days

8. (a) PRINT FULL NAME BRILLA ANN GIBSON

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

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

6. (b) Name of husband or wife Nathan P. Gibson 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Oct. 2 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 15 If less than one day hr. _____ min _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Housh 9

18. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Louisa Fiddler 9

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

16. (a) Informant Earl H. Gibson

(b) Address Union Star Mo

17. (a) _____ (b) Date thereof May 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo

19. (a) May 18 1940 (b) E. M. Reynolds
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town Union Star
(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 May day 17 year 1940 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from September 1938, to May 10 1940

that I last saw her alive on May 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Due to Arterio-sclerosis 97

Due to _____

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

Major findings: Of operations None

Of autopsy None

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? 23'
(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature Putney E. Rockwood 3 No. _____
Address Union Star, Mo Date signed 5/17/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 11,
District File Number 640-825
Date Filed JUN 4 1948

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

Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address

King City, 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.